

FILED

2008 AUG 27 PM 3:12

CLERK US DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIABY Rm DEPUTY

1 WILLIAM JOHN DAUGHTERY
2 F-79985
3 CHUCKAWALLA VALLEY STATE PRISON
4 P.O. BOX 2349 / D10-110 UP
5 BLYTHE, CALIFORNIA 92226
6 PRO SE AND FORMA PAUPERIS

NUNC PRO TUNC**AUG 25 2008**

8 UNITED STATES DISTRICT COURT
9 SOUTHERN DISTRICT OF CALIFORNIA

10 CASE NO. 08CV408(WQH)BLM
11 WILLIAM JOHN DAUGHTERY, } MOTION IN OPPOSITION TO
12 PLAINTIFF, } DEFENDANTS MOTION TO DISMISS
13 V. } FIRST AMENDED COMPLAINT AGAINST
14 D. WILSON, E. TAGABAN } SANDIEGO POLICE DEPARTMENT AND
15 GRIFFIN, LEMUS, CITY OF } THE CITY OF SAN DIEGO WITH
16 SAN DIEGO AND SAN } MOTION TO RELIEVE PLAINTIFF FROM
17 DIEGO POLICE DEPARTMENT, } MANDATORY FILING REQUIREMENTS
18 DEFENDANTS, } OF TORT CLAIM ACT OR PROCEED
19 } TO A TRIAL OF SPECIAL DEFENSES
20

21 PURSUANT CODE OF CIVIL PROCEDURE
22 SECTION 597.

23
24
25
26
27
28
DATE: 21 AUGUST 2008

THE DEFENDANTS, HAVING FILED A MOTION TO DISMISS THE
PLAINTIFF'S FIRST AMENDED COMPLAINT AND THAT MOTION
TAKEN UNDER SUBMISSION PURSUANT CIVIL LOCAL RULE 7.1
(d)(1) ON SEPTEMBER 8, 2008 BEFORE HONORABLE WILLIAM Q. HAYES,
THE PLAINTIFF HEREBY OPPOSES SAID MOTION PURSUANT
CIVIL LOCAL RULE 7.1(e)(2).

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INTRODUCTION

DEFENDANTS, THROUGH THEIR ATTORNEYS, CITY OF SAN DIEGO CITY ATTORNEY (DEPUTY) WENDY DAVISSON, ON JULY 29, 2008 GAVE NOTICE OF INTENT TO DISMISS THE PORTION OF THE FIRST AMENDED COMPLAINT NAMING THE CITY OF SAN DIEGO AND THE SAN DIEGO POLICE DEPARTMENT AS DEFENDANTS. IT IS ASSUMED THAT ONLY THE PARTS OF THE COMPLAINT IMPLICATING 'GOVERNMENT ENTITIES' IS CONCERNED AND THAT THE REMAINING INDIVIDUAL DEFENDANTS, (WILSON, LEMUS, TAGABAN AND GRIFFIN) REMAIN IN SUIT. THIS IS BECAUSE THE GIST OF THE ATTACK CONCERNS GOVERNMENT CODE (SECT. 900 ET SEQ.) COMPLIANCE ENACTED UNDER THE TORT CLAIMS ACT. THE PLAINTIFF, A MENTALLY DISABLED PERSON, INCARCERATED IN A STATE PRISON, WILL, DUE TO SEVERE RESTRICTIONS TO ACCESS OF LAW MATERIALS, AND NEARNESS IN TIME FOR THE SEPTEMBER 8, 2008 HEARING, BEG INDULGENCE OF THE COURT IN ACCEPTING A HASTILY CRAFTED HYBRID, OPPOSITION OF SAID MOTION AND FURTHER MOTION(S) IN ORDER TO PERPETUATE HIS CLAIM AGAINST ALL DEFENDANTS. PLAINTIFF, THROUGH AFFIDAVITS AND DOCUMENTS WILL EVIDENCE HIS CLAIMS FOR RELIEF AND MEANS TO PURSUE HIS SUIT. HE WILL NOT ADDRESS EACH AND EVERY POINT RAISED BY DEFENSE, BUT INSTEAD LAY FORTH REASONS TO TRY THE CASE AS IS, WITH ALL DEFENDANTS HELD ACCOUNTABLE. PLAINTIFF ATTACHE EXHIBITS PROOF OF DIFFICULTY OF ACCESS TO LEGAL MATERIALS.

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POWER TO GRANT RELIEF

THE COURT IS REQUESTED AND PETITIONED TO DENY
DEFENDANTS MOTION AND GRANT PLAINTIFFS MOTIONS.

I. RELIEF FROM MANDATORY FILING REQUIREMENT.

A. QUOTING: WILLIAMS V. MARIPOSA County UNIFIED SCHOOL
DISTRICT (1976) 147 CAL RPT 452, 82 CAL APP 3d 843

THERE IS A WELL ESTABLISHED RULE THAT THE TRIAL COURT
EXERCISES BROAD DISCRETION IN GRANTING OR DENYING

PETITIONS FOR RELIEF UNDER (GOV. CODE) SECTION 946.6

CITY OF SANTA CLARA V. SUPERIOR COURT (1971) 4 CAL 3d 545,

552, 94 CAL RPT 158, 483 P.2d 774 AND MARTIN V.

CITY OF MADERA (1968) 265 CAL APP 2d 76, 79, 70 CAL RPT 908.

B. ADEQUATE CAUSE FOR RELIEF, SHOWN BY UNCONTRADICTED
EVIDENCE OR AFFIDAVITS OF THE PETITIONER. (QUOTING)

VILES V. STATE OF CALIFORNIA (1967) 66 CAL 2d 24, 28,

56 CAL RPT 666, 423 P 2d 818 'TO THE END THAT

CASES MAY BE HEARD ON THEIR MERITS, AND ANY DOUBTS

WHICH MAY EXIST SHOULD BE RESOLVED IN FAVOR OF THE

APPLICATION.

1) REASONS AND EVIDENCE SUPPORTING APPLICATION;

(a) CODE OF CIVIL PROCEDURE SECT. 358, COEXISTING

DISABILITIES.

WHEN TWO OR MORE DISABILITIES EXIST/COEXIST AT THE

TIME THE RIGHT OF ACTION ACCRUES, THE LIMITATIONS DOES

NOT ATTACH UNTIL THEY (DISABILITIES) ARE REMOVED

(b) PLAINTIFF IS A MENTALLY DISABLED (1), INCARCERATED

STATE PRISONER (2), THUS TWO DISABILITIES ELIGIBLE.

(CONT.)

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(b)(CONT.) ATTACHED FIND: PRISON AND COUNTY JAIL
MEDICAL STAFF REPORTS FOR PLAINTIFF PROVING
MENTAL DISABILITY, (REPORTS NECESSARILY INCLUDE
NOTES ON PHYSICAL DISABILITY INCLUDING INJURIES
COMPLAINED OF AND THESE ARE INTENDED FOR PURPOSES OF
PROOF FOR THIS MOTION ONLY, FOR THE NECESSARY TIME
PERIODS (TIME OF ACCRUAL) (ROUSSEAU V. CITY SAN CARLOS 236 CALRPTM

(c) APPLICABILITY: WHILE 352 SECT. CIVIL PROCEDURE DOES NOT³⁷³
APPLY TO ACTIONS DESCRIBED IN GOV. CODE § 945.6 THE
OTHER SECTIONS OF THE CODE OF CIVIL PROCEDURE RELATING
TO THE TIME WITHIN WHICH ACTIONS MUST BE COMMENCED—
SECT. 350, 351, 353 TO 363 ARE APPLICABLE (SEE:
WILLIAMS V. L.A. METROPOLITAN TRANSIT AUTHORITY (1968) 68
CAL 2d 599, 68 CALRPTM 297, 440 P 2d 497

II. PERMISSION TO FILE LATE CLAIM AND AMEND
THE PLEADING OF COMPLAINT TO CONFORM.

A. QUOTING: WHETHER AN APPLICATION TO PRESENT A LATE
CLAIM WAS SUBMITTED WITH REASONABLE TIME DEPENDS
ON THE PARTICULAR FACTS OF THE CASE UNDER CONSIDERATION
EBERSON V. COWAN (1983) 197 CALRPTM 601, 35 CAL
3d 427.

B. SAME CAUSE OF RELIEF AS I. ABOVE.

BLACK V. COUNTY OF LOS ANGELES (1970) 91 CALRPTM 104, 12
CAL APP 3d 370, DISCRETION TO RELIEVE LIES
WITHIN TRIAL COURT.

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1
2 III. ADDITIONAL STATUTES AND CASES FOR
3 MOTION TO RELIEVE OR ALLOW LATE FILING.

4 1) GOV. CODE 946.6(C)(1) EXCUSABLE NEGLECT

5 GOV. CODE 946.6(C)(3) PHYSICAL AND MENTALLY INCAPABLE

6 DURING THE TIME SPECIFIED IN G. CODE § 911.2

7 DRAPER V. CITY OF LOS ANGELES (1990) 276 CAL RPTR 864

8 52 CAL 3d 502, 802 P2d 367, ABSOLUTE INCAPACITY OR

9 MEDICAL COMPLETE EVIDENCE NOT NECESSARY. ¶

10 (b) BABER V. NAPA STATE HOSPITAL (1984) 201 CAL RPTR 432

11 154 CAL APP 3d 514

12 (c) ROUSSEAU V. CITY OF SAN CARLOS (1987) 236 CAL RPTR 373, 192

13 CAL APP. 3d 498, SKULL FRACTURE, THERAPY ENTITLED TO

14 FILE LATE CLAIM.

15 (d) THOMPSON V. FRESNO COUNTY (1963) 31 CAL RPTR 44, 59

16 CAL 2d 686, PHYSICALLY AND MENTALLY INCAPACITATED DURING

17 ALL OF SUCH TIME AND BY REASON OF SUCH DISABILITY

18 FAILED TO PRESENT A CLAIM DURING SUCH TIME.

19 2) GOV. CODE. 945.6(b) WHEN A PERSON IS UNABLE TO

20 COMMENCE A SUIT ON A CAUSE OF ACTION DESCRIBED IN

21 SUBDIVISION (a) WITHIN THE TIME PRESCRIBED IN THAT SUB -

22 DIVISION BECAUSE HE HAS BEEN SENTENCED TO IMPRISONMENT

23 IN A STATE PRISON, THE TIME LIMIT FOR THE COMMENCEMENT

24 OF SUCH SUIT IS EXTENDED TO SIX (6) MONTHS AFTER THE

25 DATE THAT THE CIVIL RIGHT TO COMMENCE SUCH ACTION

26 IS RESTORED TO SUCH PERSON, EXCEPT THAT THE TIME

27 SHALL NOT BE EXTENDED IF THE PUBLIC ENTITY ESTABLISHES

28 THAT THE PLAINTIFF FAILED TO MAKE A REASONABLE

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III. 2) (CONTINUED) GOV. CODE 945.6(b) STATE PRISONERS

EFFORT TO COMMENCE THE SUIT, OR OBTAIN A

RESTORATION OF HIS CIVIL RIGHT TO DO SO, BEFORE

THE EXPIRATION OF THE TIME PRESCRIBED IN SUBDIVISION

(a). (RAND V. ANDREATTI, (1964) 36 CAL RPTR 846, 60 CAL 2D 846)

3) PLAINTIFF HAS PENDING AN APPEAL OF CONVICTION

WHICH IS AN ATTEMPT TO RESTORE CIVIL RIGHTS.

4) GOV. CODE § 945.6(a) IF WRITTEN NOTICE IS NOT

GIVEN IN ACCORDANCE WITH SECT. 913 (GOV. CODE), WITHIN

2 YEARS FROM ACCRUAL OF CAUSE OF ACTION. IF THE PERIOD

WITHIN WHICH THE PUBLIC ENTITY IS REQUIRED TO ACT IS

EXTENDED (§ 912.4 EXTENSION BY AGREEMENT) THE PERIOD

OF SUCH EXTENSION IS NOT PART OF THE TIME LIMITED FOR

THE COMMENCEMENT OF THE ACTION UNDER THIS PARAGRAPH

5) CIVIL CODE § ~~51.7~~, 3 YEARS TIME LIMIT FOR

COMMENCING CIVIL ACTIONS. C. CODE SECT. 51 & 51.7

a) PLAINTIFF IS A PERSON DESCRIBED IN THIS SECTION

AND ALLEGES HIS STATE ACTION UNDER THIS CODE ^{CIVIL} 51(b) & (c)

CONTRARY TO DEFENSE ASSERTIONS (SEE: PAGE 4 MEMORANDUM

OF POINTS AND AUTHORITIES, DEFENDANT'S MOTION TO DISMISS)

§ 338 CIVIL CODE, TIME OF COMMENCING CIVIL ACTIONS

b) EQUITABLE ESTOPPEL, TO EXCUSE FAILURE TO FILE LATE

APPLICATION WITH DEFENDANT ENTITY MAY BE USED IN A

PROPER CASE, AND IS SO INVOKED BY PLAINTIFF.

RAND V. ANDREATTI (1964) 36 CAL RPTR 846, 60 CAL 2D 846

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~~III~~ MOTION FOR THE TRIAL OF SPECIAL DEFENSES.

PURSUANT, CAL. CODE OF CIVIL PROCEDURE § 597

A. PLAINTIFF RECOGNIZES THAT THE DEFENDANTS' CLAIM OF UNTIMELINESS IS AN AFFIRMATIVE DEFENSE

AND THAT THE COURT MAY DISMISS A COMPLAINT

AS UNTIMELY AND THAT SAID DEFENSE IS NOT

WAIVED, THEREFORE PLAINTIFF REQUESTS AND

PETITIONS THE COURT, THAT A TRIAL OF THE

SPECIAL DEFENSE(S) BE HELD BEFORE FINAL DETERMINATION

ISSUES OR DECISION BE MADE ON DEFENDANTS MOTION

TO DISMISS FIRST AMENDED COMPLAINT.

B. PLAINTIFF VIGOROUSLY OPPOSES ANY DISMISSAL OF

THE COMPLAINT AS FILED IN THE INTERESTS OF

JUSTICE, THE ALLEGED MISCONDUCT ARISES FROM THE

LAX ADMINISTRATION AND HIRING OF THE ENTITIES IN

THIS CASE, MISUSE AND ABUSE OF POWER MUST HAVE

CONSEQUENCES AND PENALTIES.

CAL. CODE OF CIVIL PROCEDURE § 597, WHEN THE ANSWER PLEADS

THAT THE ACTION IS BARRED BY THE STATUTE OF LIMITATIONS

OR BY A PRIOR JUDGMENT OR THAT ANOTHER ACTION IS

PENDING UPON THE SAME CAUSE OF ACTION OR SETS UP ANY

OTHER DEFENSE NOT INVOLVING THE MERITS — I.E. UPON

THE MOTION OF ANY PARTY PROCEED TO THE TRIAL OF

THE SPECIAL DEFENSE, BEFORE THE TRIAL OF ANY OTHER

ISSUE IN THE CASE.

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CONCLUSION

THE PLAINTIFF PETITIONS THAT THE COURT
DENY THE MOTION OF DEFENSE, AND THAT
THE MATTER PROCEED TO TRIAL AS COMPLAINED
AND SCHEDULED. IN THE ALTERNATIVE
THE PLAINTIFF REQUESTS TO AMEND THE COMPLAINT
IN WHICHEVER MANNER PRESERVES HIS RIGHT TO
FAIR REDRESS AT LAW, OR THE COURT TAKE
WHATEVER MEASURES IT DEEMS NECESSARY
TO PERPETUATE THE CLAIM.

PROOF OF SERVICE & DECLARATION

A COPY OF THIS MOTION AND ALL EXHIBITS
OR OTHER DOCUMENTS HAVE BEEN SERVED
BY MAIL ON ATTORNEYS FOR THE DEFENDANTS:
MICHAEL S. AGURRE, CITY ATTORNEY
WENDY E. DAVISSON, DEPUTY CITY ATTORNEY
1200 THIRD AVENUE, SUITE 1100
SAN DIEGO, CALIFORNIA 92101-4100

Respectfully Submitted

William D. Daughtery

20 AUGUST 2008

IN PRO SE + FORMA PAUPERIS

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AFFIDAVIT

I, WILLIAM JOHN DAUGHTERY, PLAINTIFF AND MOVANT
IN ABOVE TITLED CASE, DO HEREBY, SWEAR, ATTEST
AND AVOW THAT THE FOLLOWING IS TRUE AND
ACCURATE STATEMENT OF FACTS AS I KNOW THEM.
I AM A PERSON DESCRIBED IN CAL. CIVIL CODE SECTION
51, SUBDIVISION (b) ie, BLACK - AFRICAN AMERICAN,
DISABLED, AND ALSO SUBDIVISION (c) DISABLED AS
DEFINED IN GOV. CODE § 12926(i) ET SEQ. AND
GOV. CODE 12926.1(c). I SWEAR THAT I HAVE BEEN
DIAGNOSED AND UNDER TREATMENT SINCE 2003 AND HAVE
BEEN IN AND OUT OF TREATMENT FACILITIES/HOSPITALS
LISTED BELOW. I HAVE BEEN DETERMINED DISABLED BY
UNITED STATES GOVERNMENT. I AM IMPRISONED IN
CALIFORNIA STATE PRISON (HACKAWALLA VALLEY SINCE SEPTEMBER
18, 2007 AND AM SERVING AN EIGHT YEAR SENTENCE.
I SWEAR THAT I WAS ONLY RECENTLY ABLE TO FILE SUIT.
WITH IMPROVEMENT OF MY CONDITION IN MARCH 2008.

① CRISIS MENTAL HEALTH SERVICE

SIGNED

3853 ROSECRAWNS ST. S.D. 92110

WILLIAM'S DAUGHTERY

② ISIS CRISIS HOUSE

20 AUGUST 2008

IMPERIAL BEACH, CA

⑤ ARETA CROWELL CENTER

③ NEW VISTAS CRISIS HOUSE

531 16th AVE S.D. CA 92101

734 10th AVE, SAN DIEGO CA 92101

⑥ SCRIPPS MERCY HOSPITAL

④ JARY BARRETO CRISIS HOUSE

4077 FIFTH AVE S.D. 92103

2865 LOGAN AVE S.D. CA 92113

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70 CAL RPTR 908VILES V. STATE of CALIFORNIA (1967) 66 CAL 2d 24, 28, 56
CAL RPTR 666, 423 P2d 818WILLIAMS V. LOS ANGELES METROPOLITAN TRANSIT AUTHORITY (1968)
68 CAL 2d 599, 68 CAL RPTR 297, 440 P2d 497

EBERSOL V. COWAN (1983) 197 CAL RPTR 601, 35 CAL 3d 427

BLACK V. County of LOS ANGELES (1970) 91 CAL RPTR 104, 12 CAL
APP 3d 370DRAPER V. CITY of LOS ANGELES (1990) 276 CAL RPTR 864
52 CAL 3d 502, 802 P2d 367BABER V. NAPA STATE HOSPITAL (1984) 201 CAL RPTR 432
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TABLE OF AUTHORITIES (CASES CONT.)

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THOMPSON V. FRESNO COUNTY (1963) 31 CAL RPTR 44,
59 CAL 2d 686

RAND V. ANDREATTA (1964) 36 CAL RPTR 846, 60 CAL
2d 846

STATUTESCAL. GOVERNMENT CODE

§ 12926(i) et seq. § 912.4, § 911.2
§ 12926.1(c) § 12926(i) § 913
§ 945.6(a) § 946.6(c)(1)
§ 946.6(c)(3) § 12926.1(c) § 946.6(b)

CODE OF CIVIL PROCEDURE, CALIFORNIA

§ 597 § 358, 352, 353, 354, 355, 356, 357

FEDERAL RULES OF COURT

CIVIL LOCAL RULES 7.1(d)(1) § 7.1(e)(2)

CIVIL CODE OF CALIFORNIA

§ 51 AND § 51.7, 51(b), 51(e)

SCD197549 DA A8S65201

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

DATE 07-20-07 AT 08:15 M. 06704525 ☒ CENTRAL ☐ NORTH ☐ EAST ☐ SOUTH
 PROB HEAR-SENTENCING

PRESENT: HON MICHAEL T. SMYTH JUDGE PRESIDINGDEPARTMENT 019

CLERK Holly Saenz REPORTER Kim Morales CSR# 7686
 REPORTER'S ADDRESS: P.O. BOX 120128, SAN DIEGO, CA 92112-0128

THE PEOPLE OF THE STATE OF CALIFORNIA

J. JARAMILLO w/CLT C. Tran

DEPUTY DISTRICT ATTORNEY

DAUGHTERY WILLIAM JA - W. RUMBLE mcoDEFENDANT 4142

ATTORNEY FOR DEFENDANT (PD / APD / MCO / PCC / RETAINED)

VIOLATION OF *HS11352(A) HS11351.5 P.O. Susan Simbeck
 ENH(S) _____ INTERP. _____ OATH ON FILE / SWN.
 PRIOR(S) _____ LANGUAGE _____

DEFENDANT ☒ PRESENT ☐ NOT PRESENT ☐ NOT PRODUCED

PR ☐ DEFENDANT ADVISED OF RIGHTS AND ADMITS / DENIES A VIOLATION OF PROBATION _____ WAIVES HEARING.
 REV ☐ PROBATION IS / REMAINS: FORMALLY / SUMMARILY ☐ REVKD ☐ REINST ☐ MODIFIED ☐ CONT ☐ ST&C ☐ TERMD. ☐ EXT. TO: _____

☒ WAIVES ARRAIGNMENT. ☐ ARRAIGNED FOR JUDGMENT. ☐ IMPOSITION / EXECUTION OF SENTENCE IS SUSPENDED.☒ PROBATION IS: ☒ DENIED ☐ GRANTED _____ YEARS (FORMAL / SUMMARY) TO EXPIRE _____ ☐ CONVERTS TO SUMM. PROB. _____☐ COMMITMENT TO SHERIFF FOR _____ DAYS. STAYED TO _____ / PNDG. SUCC. COMPL. OF PROB. PAROLE NOT TO BE GRANTED.☐ PERFORM _____ ☐ DAYS PSP. ☐ HOURS VOL. WORK AT NONPROFIT ORG. SUBMIT PROOF TO PROBATION / COURT BY _____☐ 4TH AMENDMENT WAIVER: IMPOSED. / REMAINS IN EFFECT. / DELETED. ☐ PROTECTIVE ORDER: ISSUED. / REMAINS IN EFFECT. / MODIFIED. / DELETED.☐ FURTHER CONDITIONS ARE SET FORTH IN PROBATION ORDER. WORK FURLOUGH, REPORT: _____ TO 551 S. 35TH ST., SAN DIEGO AT 8:00 A.M.☒ DEFT. IS COMMITTED TO THE DEPT. OF CORRECTIONS & REHABILITATION ☐ PER PC 1170(d). ☐ DIVISION OF JUVENILE JUSTICE ☐ PER WI 1737☒ FOR m LOWER MIDDLE UPPER / INDETERMINATE TERM OF 8 YEARS MONTHS / TO LIFE (4x2)ON COUNT One CODE & NO. HS 11352(a) ☐ PRINCIPAL COUNT. ☐ STIPULATED SENTENCE☒ DEFENDANT SENTENCED PER PC 667(b)-(1)/1170.12. ☒ NOTICE OF FIREARMS PROHIBITION GIVEN PER PC 12021.☐ NO VISITATION PER PC 1202.05. VICTIM IS UNDER 18 YRS. OF AGE. DA TO COMPLY WITH NOTICES.☒ DEFT. ADVISED RE: PAROLE / APPEAL RIGHTS. ☐ DEFT. TO REGISTER PER ☐ PC 290 ☐ HS 11590 ☐ PC 457.1 ☐ PC 186.30☒ TESTING: ☐ COMPLIANCE WITH PC 296 VERIFIED. ☒ DNA PER PC 296. ☐ HIV PER PC 1202.1.☐ DEFENDANT TO PAY: FINE OF \$ _____ INCLUDING PENALTY ASSESSMENT. ☐ \$ _____ LAB FEE PER HS 11372.5(a) AND \$ _____ DRUGPROGRAM FEE PER HS 11372.7(a) FOR EACH QUALIFYING OFFENSE. ~~BOOKING SECURITY FEE OF \$~~ ☐ BOOKING FEES. ☐ PROBATION COSTS.REST. FINES: ☒ \$1,600. - PER PC 1202.4(b). ☒ FW PER PC 2085.5. ☒ \$1,600. - PER PC 1202.44 / PC 1202.45 SUSP. UNLESS PROB. / PAROLE REVKD.☐ PROBATION HAVING BEEN FORMALLY REVOKED, THE PREVIOUS RESTITUTION FINE OF \$ _____ SUSPENDED PER PC 1202.44, IS NOW DUE.☐ RESTITUTION TO VICTIM(S) PER P.O.'S REPORT / REST. FUND PER PC 1202.4(f) OF \$ _____ / IN AN AMT. TO BE DETERMINED. ☐ JOINT & SEVERAL.☐ COURT-APPT. ATTORNEY FEES OF \$ _____ ☐ AT COMBINED RATE OF \$ _____ PER MONTH TO START 60 DAYS AFTER RELEASE / ON _____☐ DEFT. TO REPORT TO ☐ PROBATION ☐ REVENUE & RECOVERY ☐ COURT COLLECTIONS ☐ FORTHWITH. ☐ WITHIN 72 HOURS OF RELEASE FROM CUSTODY.☒ DEFENDANT REMANDED TO CUSTODY OF SHERIFF ☒ WITHOUT BAIL. ☐ WITH BAIL SET AT \$ _____☐ MAY BE RELEASED TO REP. OF PD / PROB. / APPROVED RES. TREATMENT PROG. ☐ STAY / SERVE BAL. OF CUST. ☐ WHEN BED AVAIL. ☐ AFTER _____ CUST.☐ DEFENDANT ORDERED RELEASED FROM CUSTODY ☐ ON PROBATION. ☐ ON OWN / SUPERVISED RECOGNIZANCE. ☐ ON DEJ. ☐ THIS CASE ONLY.☐ DEFENDANT TO REMAIN AT LIBERTY ☐ ON BOND POSTED \$ _____ ☐ ON PROBATION. ☐ ON DEJ. ☐ ON OWN / SUPERVISED RECOGNIZANCE.☐ DEFENDANT: ☐ WAIVES STATUTORY TIME FOR PRONOUNCEMENT OF JUDGMENT. ☐ IS REFERRED FOR DIAGNOSTIC EVALUATION PER PC 1203.03. / WI 707.2.

_____ CONTINUED TO / SET FOR _____ AT _____ IN DEPT. _____ ON MOTION

OF COURT / DDA / DEFENDANT / PROBATION OFFICER. REASON:

☐ TO BE HEARD CONCURRENTLY WITH PRELIMINARY HEARING IN CASE _____ ☐ TO TRAIL CASE _____☐ BENCH WARRANT TO ISSUE. BAIL SET AT \$ _____ ☐ SERVICE FORTHWITH. ☐ ORDERED WITHHELD TO _____☐ BENCH WARRANT ISSUED / ORDERED _____ IS RECALLED / RESCINDED.☐ DECL. OF NON-COLLUSION & RE-ASSUMPTION OF LIABILITY FILED. ☐ BAIL FORF. IS SET ASIDE. ☐ BAIL IS ☐ REINSTATED. ☐ EXONERATED. ☐ FORFEITED.☐ UPON PAYMENT OF COURT COST \$ _____ WITHIN 30 DAYS. COST WAIVED. BOND AMT \$ _____ BOND NO. _____

BOND COMPANY _____ AGENT _____

☐ PROCEEDINGS SUSPENDED ☐ PER PC 1368, MENTAL COMPETENCY. (SEE BELOW FOR DATES OF EXAMINATION AND HEARING.)☐ PER WI 3051, ADDICTION OR DANGER OF ADDICTION. SERVICE OF PETITION: _____☐ ALL PROPERTY IMPOUNDED, SEIZED, OR HELD IN CUSTODY IN THIS CASE TO BE DISPOSED OF PER POSSESSING AGENCY'S POLICY.☐ PROBATION: PREPARE SUPP. REPT. / SUBMIT POST-SENT. REPT. TO CDCR PER PC 1203c. CLERK: ☒ REGISTRAR OF VOTERS. ☐ DMV ABSTRACT B.A.C. _____☐ SEE ATTACHED MINUTES FOR ADDITIONAL ORDERS. ☐ CONCURRENT WITH / CONSECUTIVE TO: _____

out of the presence of the people, the court hears, then DENIES, defendant's
 Marsden motion.

42 HS 11351.5 - 654
TOTAL TERM - 8 YEARS TOTAL


EXHIBIT C (2)

GB

**ABSTRACT OF JUDGMENT - PRISON COMMITMENT - DETERMINATE
SINGLE, CONCURRENT, OR FULL-TERM CONSECUTIVE COUNT FORM**

[Not to be used for multiple count convictions or for 1/3 consecutive sentences]

CR-290.1

SUPERIOR COURT OF CALIFORNIA, COUNTY OF: San Diego		F I L E D Clerk of the Superior Court JUL 20 2007 By: H. SAENZ, Deputy		
PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT: DAUGHTERY, William John	DOB: 10-07-55			CASE NUMBER SCD 197549
AKA: Franklin R. King				
CII NO.: 06466129				
BOOKING NO.: 08704325A 7735749	<input type="checkbox"/> NOT PRESENT			
COMMITMENT TO STATE PRISON ABSTRACT OF JUDGMENT		<input type="checkbox"/> AMENDED ABSTRACT		
DATE OF HEARING 07-20-07	DEPT. NO. 19	JUDGE MICHAEL T. SMYTH		
CLERK Holly Saenz	REPORTER Kim Morales	PROBATION NO. OR PROBATION OFFICER 21094368 <input type="checkbox"/> IMMEDIATE SENTENCING		
COUNSEL FOR PEOPLE J. Jaramillo		COUNSEL FOR DEFENDANT W. Rumble <input checked="" type="checkbox"/> APPTD.		

1. Defendant was convicted of the commission of the following felony:

COUNT	CODE	SECTION NUMBER	CRIME	YEAR CRIME COMMITTED	DATE OF CONVICTION (MO./DATE/YEAR)	CONVICTED BY			TERM (L. M. U)	TIME IMPOSED	
						JURY	COURT	PLEA		YRS.	MOS.
1	HS	11352(a)	sale controll subs-cocaine base	06	05-14-07	x			M	8	0

2. ENHANCEMENTS charged and found to be true TIED TO SPECIFIC COUNTS (mainly in the PC 12022 series). List each count enhancement horizontally. Enter time imposed for each or "S" for stayed. DO NOT LIST ANY STRICKEN ENHANCEMENT(S).

COUNT	ENHANCEMENT	TIME IMPOSED OR 'S' FOR STAYED	ENHANCEMENT	TIME IMPOSED OR 'S' FOR STAYED	ENHANCEMENT	TIME IMPOSED OR 'S' FOR STAYED	TOTAL

3. ENHANCEMENTS charged and found to be true FOR PRIOR CONVICTIONS OR PRISON TERMS (mainly in the PC 667 series). List all enhancements horizontally. Enter time imposed for each or "S" for stayed. DO NOT LIST ANY STRICKEN ENHANCEMENT(S).

ENHANCEMENT	TIME IMPOSED OR 'S' FOR STAYED	ENHANCEMENT	TIME IMPOSED OR 'S' FOR STAYED	ENHANCEMENT	TIME IMPOSED OR 'S' FOR STAYED	TOTAL

4. ☒ Deft. sentenced per: ☒ PC 667(b)-(i) or PC 1170.12 (two strikes) ☐ PC 1170(a)(3). Pre-confinement credits equal or exceed time imposed. (Paper Commitment.) Deft. ordered to report to local Parole Office upon release.5. FINANCIAL OBLIGATIONS (plus any applicable penalty assessments): ☐ Court Security Fee of \$ _____ per PC 1465.8.
 Restitution Fine(s): \$ 1,600 per PC 1202.4(b) forthwith per PC 2085.5; \$ 1,600 per PC 1202.45 suspended unless parole is revoked.
 \$ _____ per PC 1202.44 is now due, probation having been revoked.

 Restitution per PC 1202.4(f): ☐ \$ _____ / ☐ Amount to be determined to ☐ victim(s)* ☐ Restitution Fund
☐ *Victim name(s), if known, and amount breakdown in item 8 below. ☐ *Victim name(s) in probation officer's report.

 Fine(s): \$ _____ per PC 1202.5. \$ _____ per VC 23550 or _____ days ☐ county jail ☐ prison in lieu of fine ☐ concurrent ☐ consecutive
☐ Includes: ☐ \$50 Lab Fee per HS 11372.5(a) ☐ \$ _____ Drug Program Fee per HS 11372.7(a) for each qualifying offense.
6. TESTING: a. ☐ Compliance with PC 296 verified b. ☒ DNA per PC 296 c. ☐ AIDS per PC 1202.1 d. ☐ other (specify): _____7. IMMEDIATE SENTENCE: ☐ Probation to prepare and submit a post-sentence report to CDCR per PC 1203c. Def't's Race/Nat'l Origin **b**

8. Other orders (specify): Ct 2 HS 11351.5 PC 654 total term 8 years per Court - no security fee imposed

9. TOTAL TIME IMPOSED EXCLUDING COUNTY JAIL TERM: 8 010. ☐ This sentence is to run concurrent with (specify): _____11. Execution of sentence imposed: a. ☒ at initial sentencing hearing. b. ☐ at resentencing per decision on appeal. c. ☐ after revocation of probation. d. ☐ at resentencing per recall of commitment. (PC 1170(d).) e. ☐ other (specify): _____

DATE SENTENCE PRONOUNCED 07-20-07	CREDIT FOR TIME SPENT IN CUSTODY 747	TOTAL DAYS INCLUDING: 499	ACTUAL LOCAL TIME 499	LOCAL CONDUCT CREDITS 248	<input checked="" type="checkbox"/> 4019 <input type="checkbox"/> 2933.1	TIME SERVED IN STATE INSTITUTION:	DMH	CDCR	CRC
---	--	-------------------------------------	---------------------------------	-------------------------------------	---	-----------------------------------	-----	------	-----

 13. The defendant is remanded to the custody of the sheriff ☒ forthwith ☐ after 48 hours excluding Saturdays, Sundays, and holidays.
 To be delivered to ☒ the reception center designated by the director of the California Department of Corrections and Rehabilitation.
☐ Other (specify): _____

CLERK OF THE COURT: I hereby certify the foregoing to be a correct abstract of the judgment made in this action.

DEPUTY'S SIGNATURE H. Saenz <i>H. Saenz</i>	DATE 07-20-07
---	-------------------------

This form is prescribed under PC 1213.5 to satisfy the requirements of PC 1213 for determinate sentences. Attachments may be used but must be referred to in this document.

State of California

Department of Corrections and Rehabilitation

Memorandum

Date: May 16, 2008

To: All Concerned

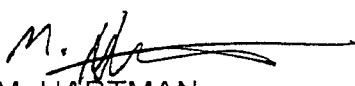
Subject: **LIBRARY OPERATIONS BEGINNING MAY 16, 2008**

Until further notice all libraries may be on restricted open days and hours depending on staff available, inmate clerks available and trained, and of course, the move from B to C Facility.

The primary library function until all issues are resolved in all libraries will be the law libraries. Seating is limited; Preferred Legal Users (PLU) will always be seated, others depending on the posted library capacity.

Recreation reading library will be closed on a yard by yard, day by day basis until there are sufficient inmate staff and operating days to handle the demand. If recreation library is able to open and then must be shut down the next operating day for reason, please deposit all due books in the outside drop box.

If you have questions, contact me at extension 5628.


M. HARTMAN
Senior Librarian

cc: C. Ynson, SCEP
Facility Captain's
LTA's

EXHIBIT #B

1 of 4

Massive flu outbreak hits inmates

550 SICKENED: Officials at a state prison near Blythe investigate if two deaths were caused by the illness.

BY JOHN ASSBURY
AND JOSE ARBALLO JR.
THE PRESS-ENTERPRISE

Prison officials in Blythe are investigating whether the deaths of two inmates are related to a flu outbreak that has sickened nearly 550 prisoners in less than a month.

Chuckawalla Valley State Prison is in lockdown and ac-

bilitation spokesman Terry Thornton. Earlier this year, a flu outbreak affected 200 inmates at a prison in Susanville in Northern California, Thornton said.

Since Feb. 23, at least 546 of Chuckawalla's 3,100 inmates have become sick, experiencing flu-like symptoms such as fever, nausea and cold sweats, Thornton said. Ten inmates have been hospitalized, including some who were transferred to Riverside County Regional Medical

Center in Moreno Valley. The Chuckawalla prison is divided up into dormitories with only three of the facilities infected with influenza, Thornton said. Some employees are also sick.

The quarantine means no visitations will be allowed to the 1,500-acre prison and volunteers are being turned away. One inmate died March 1 and the other two days later, according to state officials. The in-

mates were not identified, but their ages were 53 and 35. Officials said they have not determined whether the deaths were caused by the flu. State officials declined to disclose where the men died.

Lilly Lopez, assistant administrator of Palo Verde Hospital in Blythe, said two inmates from Chuckawalla, including one of the ones who died, were brought to the Palo Verde emer-

SEE FLU/A9

FLU: Illness spread to Chuckawalla Valley prison from nearby Blythe, where cases spiked recently

CONTINUED FROM A1

gency room complaining of respiratory problems that appeared to be related to the flu.

The inmate who died was admitted into the emergency room several days ago and was transferred to another hospital, where his condition began to deteriorate, Lopez said.

Another inmate arrived at the emergency room Thursday morning and was transferred later that day, Lopez said she did not know that inmate's condition but he is still alive.

Flu symptoms spiked in near-Blythe — where many of the prison employees live — in mid-February and spread to the prison, said Barbara Cole, director of Riverside County disease control.

The prison employs 300 people. Blythe, who may have

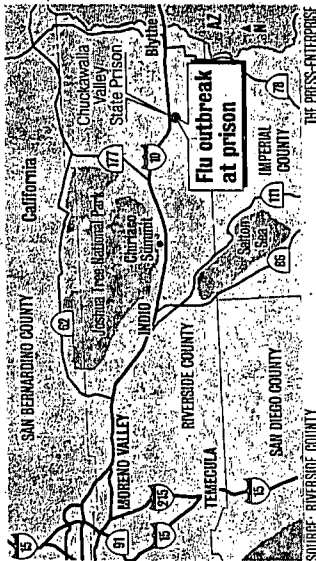
Blythe's population is about 22,000.

Assistant City Manager Charles Hull said he was notified about the problems Thursday and was assured that everything was being done to prevent the spread of the illness. He said residents of the desert community are discussing the flu outbreak in the area and know it's a potentially serious matter, but no one is panicking.

"It is more of a wait-and-see situation," said Hull, who became sick with the flu himself two weeks ago. "The entire valley is going through this wave of the flu and it is making its way through the prison."

Hull, the head of the city's emergency services, said city officials are prepared if there is a need for assistance.

All of the inmates affected are



SOURCE: RIVERSIDE COUNTY

tal's infirmary. Prison officials are sterilizing dining halls and other areas, as well as conducting wellness checks.

Inmates scheduled for parole are also being evaluated and given a list of health precautions to take before they are released.

thing is to limit exposure. The inmates are very sick, but we don't want to risk other people from being exposed. We'll do everything we can to contain it."

Last year the prison experienced an outbreak of an intestinal virus.

ease," Thornton said.

This year's flu season has taken a particularly hard toll on the Inland region, but not as intense as the flu season in 2003. Blythe, where it spiked in February and is now starting to decline, Cole said. It's not unusual to have flu outbreaks heading into early spring, she said.

Influenza and pneumonia deaths are up about 10 percent this year, compared to the same period last year, Cole said. About 16 percent of the deaths during one period this year were caused by the illnesses.

Countywide, health officials have noted a higher number of influenza patients going to hospital emergency rooms.

The flu vaccine being distributed was not an exact match for the virus circulating this year,

contributing factor, she said.

"The process of vaccines starts six to eight months ahead of flu season," Cole said. The World Health Organization and the Centers for Disease Control and Prevention predicts which strains of influenza will be active.

"But sometimes another virus shows up that's not included in the vaccine," Cole said.

The Palo Verde Unified School District in Blythe has not seen any more cases of the flu than usual, or had a higher rate of absences, said Jacob Jensen, director of special services for the district.

"As far as I know we haven't seen any more adverse flu than is typical for this time of year," he said.

Staff writers David Olson and Shrin Parsavand contributed to this report.

EXHIBIT B
2 of 4

THE DESERT SUN

CALIFORNIA

Overcrowding possibly tied to prison violence

New incidents come as officials mull early release of thousands

BY DON THOMPSON
THE ASSOCIATED PRESS

SACRAMENTO — The stabbing attack on four guards at one overcrowded state prison this week and a racially sparked brawl at another mark the type of violence that guards, inmates' attorneys and Gov. Arnold Schwarzenegger have been worried about for years.

The violence comes at a critical juncture for the nation's largest state prison system.

Later this year, a panel of federal judges will consider whether the crowding has become so severe that the state must cap the inmate population or release some prisoners early. Meanwhile, lawmakers are considering a Schwarzenegger proposal to save money for the deficit-ridden state by releasing more than 20,000 inmates before their sentences end.

"For the last two years, we've said something worse than this was inevitable," said Chuck Alexander, executive vice president of the California Correctional Peace Officers Association, referring to this week's prison unrest. "It's just a matter of where and when it's going to hit. In our view, it's a precursor of what's to come."

On Thursday, two inmates armed with homemade knives attacked guards at the California Correctional Institution about 40 miles southeast of Bakersfield.

One of the guards remained hospitalized Friday with a skull fracture and stab wounds.

A second attack erupted Friday. A dozen inmates were injured during a brawl in a crowded dormitory at the California Institution for Men in Chino, about 40 miles east of Los Angeles. Prison officials described it as an attack by Hispanic inmates on white prisoners. Five were sent to hospitals, including two with puncture wounds.

"There's more violence. The prisoners are unsafe, and there is less safety for the officers, as well," said Don Specter, director of the nonprofit Prison Law Office in San Rafael.

He is among inmates' rights attorneys asking the panel of three federal judges to order the state to reduce the prisons' population. In an unusual alliance, the prison guards' union has joined the push.

Schwarzenegger opposes a federally mandated population cap. But the Republican governor is proposing the early release of some 22,000 inmates and eliminating about 4,500 prison guard positions to help shave \$400 million from the budget of the state corrections department.

Michael Bien, whose San Francisco law firm also is seeking a reduced inmate population, said the early release plan is irresponsible because guards already are working large amounts of overtime and are under mounting stress.

Schwarzenegger spokeswoman Lisa Page said the governor's plan would retain the current guard-to-

inmate ratio while freeing space for rehabilitation programs.

"We'll continue to see further reductions in our prison population as we do more to rehabilitate the state's current prisoners and make sure they stay out of prison once they're released," Page said.

In October 2006, Schwarzenegger declared an emergency to allow 8,000 inmates to be sent to private prisons in other states. It was part of an effort to relieve overcrowding that eventually led to a \$7.8 billion prison and jail building program.

At the time, he warned that California's overcrowded prisons could explode into violence, leading to the kind of riots that killed 43 in Attica, New York, in 1971.

Senate Majority Leader Gloria Romero, D-Los Angeles, faulted Schwarzenegger for not doing enough since then to reduce crowding, end labor unrest with the prison guards union and increase rehabilitation programs.

"This is the beginning of the long, hot summer," said Romero, one of the Legislature's experts on prison reform. "It does take, sadly and unfortunately, something like this to snap people's necks around to say these are the consequences of overcrowding."

California's 33 prisons have a capacity of roughly 100,000 inmates but hold about 170,000. A commission headed by Republican Gov. George Deukmejian advised Schwarzenegger in 2004 that the prisons could safely hold about 135,000.

Attorney

State of California

California Department of Corrections and Rehabilitation

Memorandum

EXHIBIT
B

40 of 4

Date: March 5, 2008

To : All Facility D Staff and Inmates


Subject: **INFLUENZA EXPOSURE**

Chuckawalla Valley State Prison (CVSP) is experiencing significant numbers of inmates with influenza symptoms. Most of these cases have impacted Facilities A and B. However, Facility D has a few occurrences. Based on recommendations from medical services, all visiting and volunteer activities will be cancelled for this weekend (March 8 and 9, 2008). The following are basic precautions to minimize your possible exposure to the flu.

- Practice good personal hygiene by continuously washing your hands with soap and water.
- Sanitize all areas others touch; such as showers, railings, seats etc.
- Refrain from sharing food, beverages, dishes and utensils.
- Staff should utilize gloves when conducting bed area and clothed body searches. Upon completion, immediately wash your hands with soap and water.

It is imperative every effort is made to sanitize areas with high usage. The facility sergeant will distribute bleach to each housing unit. The bleach shall be mixed with water to ensure 25 parts water to 1 part bleach solution. Wash all railings, seats, tabletops and every other high traffic areas to minimize the possible contamination. If you experience nausea, vomiting, diarrhea, chest congestion seek medical attention.

CVSP will continue to monitor and evaluate the status of the institution and visiting for next week.



A. A. TERHUNE
Facility D Captain

US,
DIST. CRT**San Diego County
SHERIFF'S DEPARTMENT**#A
1-64
PAGES**MEDICAL RECORDS UNIT**8525 Gibbs Drive Suite 303, San Diego, California 92123
Phone: (858) 974-596 FAX: (858) 974-5902**DECLARATION OF CUSTODIAN OF MEDICAL RECORDS**William D. Didier, RHIA
Custodian of Medical Records**PATIENT NAME: DAUGHTERY, WILLIAM BK#'S 7735747, 6704525**

Says as follows:

That the Declarant is the duly authorized Custodian of the Medical Records of San Diego County Sheriff's Department, Medical Services Division and has authority to certify said records and;

That the copy of the medical records attached to this Declaration is a true copy of the records described in the Subpoena Duces Tecum, and;

That the records were prepared by the personnel of the San Diego County Sheriff's Department Medical Services Division, staff physicians, or persons acting under the control of either, in the ordinary course of Medical Services Division business at or near the time of the act, condition or event. This Certification does not extend to any other records that maybe attached which were produced by another organization. Those records were utilized in the continuity of care.

I declare under penalty of perjury that the foregoing is true and correct.

Date:

7-31-08

(Signature of Declarant) *W.D. Didier*

William D. Didier, RHIA

Chief, Medical Records & Privacy Officer

Medical Services Division

San Diego County Sheriff's Department

NOV-14-2006 TUE 08:10 AM UCSD HLTH PLAN SVCS

FAX NO. 619 471 9095

P. 0

DAUGHTERY, WILLIAM MR#: 18506527 LAB
 Pt#: 57906877 M 10/07/1955 Age: 51 ANC

..... Radiology Report FINAL
 CT HEAD/BRAIN W/O CONTRAST 11/13/06 1225 Rad: HESSELINK #: 2841561

HISTORY:
 Headache.

COMPARISON STUDIES:
 CT head 12/24/03.

TECHNIQUE:
 A noncontrast helical CT of the head was performed with transaxial images obtained at 5 mm collimation from the skull base to the vertex of the skull.

FINDINGS:
 The ventricles and sulci are normal for age. No mass-effect or midline shift is present. The basal cisterns are patent. There is no evidence of intracranial hemorrhage or mass lesion.

The soft tissues of the scalp are unremarkable. Old fracture of the left lamina papyracea, unchanged compared to previous exam. Otherwise, the calvarium and visualized base of the skull are normal without evidence of acute fracture. The visualized orbits are normal.

The visualized paranasal sinuses, mastoid air cells and external auditory canals are clear.

IMPRESSION:

1. No acute intracranial findings.
2. Unremarkable CT scan of the head.

I have reviewed the images and agree with the resident's interpretation.

9D
11/16/06

Rec'd

11/17/06
PLS

The record was prepared by the personnel of the San Diego County Sheriff's Department Medical Services Division, staff physicians, or persons acting under the control of either, in the ordinary course of Medical Services Division business at or near the time of the act, condition or event.

San Diego County Sheriff's Department Medical Records Unit

END OF REPORT

08:10 11/14/06 FROM YI43.RENCTR1
 H0620256

Institution: <u>CLSP</u>		Clinician:		Date: <u>3-20-08</u>
V. FUNCTIONAL IMPAIRMENT				
Specify:		1=Mild	2=Moderate	3=Severe
<u>0</u> Work/School	<u>0</u> Medical	<u>0</u> Behavioral Control		
<u>0</u> ADL	<u>0</u> Interpersonal	<u>0</u> Mental Illness Symptoms		
VI. DSM-IV DIAGNOSIS (Includes ICD-9 for Inpatients)				
Axis I:		4x Sub Induced Mood D/O		
Axis II:		4x Cocaine Abuse		
Axis III:		Def.		
Axis IV:		① Glaucoma ② Migraines ③ Shoulder pain		
Axis V:		GAF= <u>63</u>		
VII. RECOMMENDATION				
A) <input checked="" type="checkbox"/> Does Not Meet Criteria for inclusion in the Mental Health Services Delivery System (MHSDS).				
B) <input type="checkbox"/> Meets Criteria for inclusion in the MHSDS (Check Level of Care [LOC] Below)				
<input type="checkbox"/> 1) Axis I disorder of _____ or				
<input type="checkbox"/> 2) Inclusion is for Medical Necessity (obtain Chief Psychiatrist signature below. Check LOC)				
C) LOC: <input type="checkbox"/> Clinical Case Management (CCCMS) <input type="checkbox"/> Enhanced Outpatient Program (EOP)				
<input type="checkbox"/> Crisis Bed (MHCB) DMH: <input type="checkbox"/> APP <input type="checkbox"/> DTP <input type="checkbox"/> ICF				
E) Recommended Housing: <input type="checkbox"/> Single Cell <input type="checkbox"/> Double Cell Rationale: _____				
<input type="checkbox"/> No Recommendation				
VIII. BEHAVIORAL ALERTS/RISKS				
X. RECOMMENDED FOLLOW-UP/INITIAL TREATMENT PLAN				
1. No Major Axis I at this time				
2. Explained that Neuro-psych testing for etiology of past criminal behavior not indicated at this time. 3. Follow up				
Inmate's Signature:		Robert T. Allen, MD Staff Psychiatrist		
Inmate's Name (Last, First, MI), CDCR Number, DOB		DAUGHERTY, Wm F 79985- 10-7-55-		

MENTAL HEALTH EVALUATION
CDCR 7386 (06/06)
Confidential Client / Patient Information
Page 11 of 14

OF CALIFORNIA

Institution: CUSP Clinician: Robert T. Allen, MD
Staff Psychiatrist
Date: 3-20-08

III. MENTAL STATUS EXAMINATION (Continued)

M. Suicide History: ☒ Ideation ☐ Intent ☐ Plan ☐ Attempt ☐ Gesture
☒ Suicide Risk Assessment Checklist Completed Date: 3-20-08

Risk Factors: ☐ PC/SNY ☐ Family History ☐ CDCR History of Serious Attempt

Describe history, lethality, current risk and protective factors: Said he had ST in 2000 when using cocaine + experiencing depression

N. Current Violence Risk Factors:

O. Inmate Strengths:

→ Hx of Robbery.

IV. SUMMARY: List DSM Criteria That Justify the Diagnosis.
List Differential Diagnoses and Rationale:

Cont from p 1

→ What the IM wanted to see A Psychiatrist about was whether his multiple past head injuries were a factor in his past criminal behavior. He wondered whether an MP I might show some type of brain damage that could explain his episodic lapses in judgment resulting in the committing crimes. He denied current symptoms. Also, explained that his only psych treatment was receiving Zoloft for what sound like a brain induced depression.

MENTAL HEALTH EVALUATION
CDCR 7386 (06/06)

Confidential Client / Patient Information

Page 9 of 14

Inmate's Name (Last, First, MI), CDCR Number, DOB

Daugherty, Wm
F79985
10-7-55

COPY INFORMATION ONTO PAGE 1 AFTER MENTAL HEALTH EVALUATION IS COMPLETE

Institution: CUSP Clinician: R.T. ALMAN Date: 3-20-08

I. PATIENT INFORMATION / PRESENTING PROBLEM / SUMMARY OF EVALUATION

A. Current Setting: ☒ GP ☐ ASU ☐ SHU ☐ RC ☐ CCCMS ☐ EOP ☐ PSU ☐ MHC ☐ Other: _____Classification Score: _____ Data Source(s) for this Evaluation: ☒ Interview ☐ C-File ☒ UHR ☐ Other: _____I/M Ethnicity: AA Non-English Language: _____ Level: I / II / III / IV CDCR Arrival Date: 7-22-07CDCR Release Date: 2012 Inmate Interviewed On: ____ / ____ / ____ Level of Cooperation: O.K.Consent for Release of Information on File: ☐ Yes ☐ No ☐ Records Requested Date: _____☐ Records obtained from: _____B. Reason for Evaluation: Eval for poss. by Depression☐ MH Screening Indicates Possible: ☐ Thought Disorder ☐ Mood Disorder ☐ Suicidality ☐ Other: _____☐ Staff Referral Indicates: ☒ MH History ☐ Medication Review ☐ Danger to Self ☐ Danger to Others ☐ Other: _____☐ Patient Self Referral Describe: _____

C. Current Diagnosis Axis I: _____

Axis II: _____

Axis III: _____

Axis V: Current GAF: _____ AIMS Score: _____ AIMS Date: _____ ☐ Keyhea Keyhea Expires: _____D. Behavioral Alert: ☐ Suicidal ☐ Self Injurious ☐ Assaultive ☐ Gravely Disabled ☐ Other: _____

Other Relevant Information: _____ DD Category: _____

E. List Medications, Dose, Route, Frequency: _____ Target Symptoms, Compliance, Duration: _____

Allergies: NKDAF. Clinical Summary and Recommendation: 53 y.o. AA ♂ G.P. Referred by Dr. RA Himi 2° Hx of Depression / Relapsed in past. IN's chief complaint isn't Depression, Anxiety or Stress. In fact, he derived symptoms of Depression, Anxiety or psychosis.G. ☐ New Level of Care: ☐ CCCMS ☐ EOP ☐ MHC ☐ DMH: ☐ APP ☐ ICF ☐ DTPH. Parole Date: _____ Region/Office: See p. 9

Parole Agent: _____ Phone Number: _____ Fax Number: _____

I. Evaluation Follow Up Time Frame: _____ Medication Follow-up Time Frame: _____

Inmate's Name (Last, First, MI), CDCR Number, DOB

Dargherty, W
F 79985
10-7-55MENTAL HEALTH EVALUATION
CDCR 7386 (06/06)

Confidential Client / Patient Information

Page 1 of 14

B·A·C·T·E·S**INFORMATION IN MOTION**

Invoice Number:

1UYQR-1

Date:

8/6/2008

Customer Number:

DAUGHTERY W

Due:

Upon Receipt

WILLIAM DAUGHTERY F79985/CVSP

WILLIAM DAUGHTERY

PO BOX 2349

BLYTHE, CA 92226-2349



Facility: MERCY CLINIC

Patient Name: *WILLIAMS DAUGHTERY 8/1608

CA SUB

Item	Description	Quantity	Price	Amount
1	Processing Fee; 9 Pages	1	\$24.00	\$24.00
2	- Pages Copied: from 1 to 10000	9	\$0.10	\$0.90
	Postage and Handling:			\$4.73
	Sub Total:			\$29.63
	Tax:			\$1.93
	Invoice Total:			\$31.56
	Applied:			\$0.00
	Balance Due:			\$31.56

*Please cut here and submit with payment*We accept: Visa and Mastercard

Card #

Signature:

Security Code (Last 3 Digits on the back of card):

Expiration Date:

PLEASE REMIT PAYMENT TO:

TAX ID NO. 33-0599237

*** DUE UPON RECEIPT ***

BACTES

2250 Fourth Ave Ste. 105

San Diego, CA 92101

(619) 230-0731 phone

(619) 230-0788 fax

Invoice Number:

1UYQR-1

Date:

8/6/2008

Customer Number:

DAUGHTERY W

Balance Due:

\$31.56



Robert T. Allen, MD
Staff Psychiatrist

Institution:

Clinician:

Date: 3-20-08

III. HISTORY (Continued)

H. Medical History: ☐ None reported or documented

Significant head trauma - Think he's been hit in head - 3 or 4 times possible Allergies NKDA

Coma / Loss of Consciousness

Seizures

Other Relevant Medical Problems:

(1) Glaucoma
(2) Shoulder Injury

I. Mental Health History: ☐ None reported or documented

Outpatient Care - Said he went to Dual-Dx program in San Diego for cocaine abuse & depression
Inpatient Care
While Incarcerated
At POC
Diagnosed

J. Psychotropic Medication: ☐ None

Current Psychotropic Medications: - None

Past Psychotropic Medications and outcomes: 20 loft x several yrs.

Other Current Medications:

(1) Motrin
(2) Immitrex - for Migraines

MENTAL HEALTH EVALUATION
CDCR 7386 (06/06)
Confidential Client / Patient Information
Page 5 of 14

Inmate's Name (Last, First, MI), CDCR Number, DOB

Daugherty, Wm
F 79985
10-7-55

Robert T. Allen, MD
Staff Psychiatrist

Institution:

CVSP

Clinician:

Date: 3-20-08

III. MENTAL STATUS EXAMINATION

A. Appearance:

Grooming O.K.

B. Behavior/Cooperation:

Calm / cooperative

C. Orientation:

☐ WNL

CVSP

Blythe

Mar 20, 2008

D. Speech:

☒ WNL

E. Affect:

☒ WNL

Full Range

F. Mood:

☐ WNL

Derived depressed mood or Anxiety

G. Sleep/Appetite:

☒ WNL

H. Cognition:

Fund of Information

☐ WNL

Intellectual Functioning

☐ WNL

Concentration

☐ WNL

Attention

☐ WNL

Memory

☐ WNLPres - Bush Gov - Schwarzenegger Capital
6x6=36 100-35=65 \$1.50=14
Tree ✓ Bridge ✓ Stamp 3/3

I. Thought Processes:

☒ WNL☐ Tangential☐ Circumstantial☐ Loose

Airplane / Car - "Modes of transportation"

J. Perception:

Hallucinations

☐ None

> Derived

K. Thought Content:

Delusions

☒ None

Ideas of Reference

☒ None

Obsessions

☒ None

Magical Thinking

☒ None

L. Insight

Judgment

☐ WNL☐ WNL

> Hx poor Judgment.

Inmate's Name (Last, First, MI), CDCR Number, DOB

Daugherty, W.

F79985-

10-7-55-

MENTAL HEALTH EVALUATION

CDCR 7386 (06/06)

Confidential Client / Patient Information

Page 7 of 14.

FROM: TANYA MEAOLE
BACTES IMAGING SOLUTIONS
TOLL FREE: 800-560-3800 ext 125
FAX: 1-619-533-6862
EMAIL: tmeaole@bactes.com
TAX ID 33-0599237

We have received your attorney request for medical records for your client. Bactes Imaging Solutions ("Bactes") is the on-site record management service for the provider listed on the following invoice and is a professional photocopy service in accordance with Business & Professions Code section 22451. Pursuant to Evidence Code section 1158, you have several choices for obtaining patient records, including retaining an outside photocopy service, visiting the provider listed on the following invoice, and inspecting the records during business hours, or retaining Bactes as your copy service. Should you elect to retain Bactes, the fee for copying your client's medical records is provided on the enclosed invoice. You should find that as the on-site record management service for the provider listed on the following invoice, Bactes' rates are cheaper than an outside copy service and our turn-around time is typically much faster. Please be informed that if you retain Bactes to copy your client's records, you are agreeing to employ Bactes as your agent. Upon receipt of payment, we will immediately mail the records to you. We accept Visa, MasterCard and American Express for your convenience. Please feel free to give us a call if you have any questions. We look forward to your business.

If payment has been sent please complete and fax to 1-619-533-6862

Date payment mailed: _____
Invoice Number (upper right hand corner of invoice): _____
Check number (if applicable): _____
Your Name: _____

We accept VISA, MASTERCARD and AMERICAN EXPRESS for your convenience.

Credit card # _____ **Exp date** _____
Name on card: _____
Security code (Last 3 numbers on back of card, 4 numbers for AMEX): _____
Zip code of billing address (if different from mailing address): _____
Person authorizing use of credit card: _____

If records are no longer needed please complete and fax to 1-619-533-6862

Date request cancelled: _____
Invoice Number (upper right hand corner of invoice): _____
Reason: _____
Your Name: _____

THIS MESSAGE IS INTENDED FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IT MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF YOU ARE NOT THE INTENDED RECIPIENT, YOUR USE OF THIS MESSAGE FOR ANY PURPOSE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE DELETE THE MESSAGE AND NOTIFY THE SENDER SO THAT WE MAY CORRECT OUR RECORDS.

SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Type: Psych Sc

Reason: Exam

Date: 05-16-2007 1453

Resource: Naranjo, Jorge Psychmd

Cost:

Notes: safety cell f/u

Objective

Orders

Medications

Type: F Medication: ZOLOFT 100MG TABLET Rx #: 400796184
 Status: RENEWED Strength: 100 MG Rte: PO Freq: QAM
 Start Dt/Tm: 05-17-2007 1504 End Dt/Tm: 06-16-2007 1503
 SNP: Provider: NARANJO, JORGE
 Notes:

Type: F Medication: DESYREL (GEN.) 50MG TABLET Rx #: 400796185
 Status: RENEWED Strength: 50 MG Rte: PO Freq: QHS
 Start Dt/Tm: 05-17-2007 1505 End Dt/Tm: 06-16-2007 1504
 SNP: Provider: NARANJO, JORGE
 Notes:

Type: F Medication: DESYREL (GEN.) 50MG TABLET Rx #: 400796185
 Status: DISCONTINUED Strength: 50 MG Rte: PO Freq: QHS
 Start Dt/Tm: 05-31-2007 1529 End Dt/Tm: 07-30-2007 1529
 SNP: Provider: NARANJO, JORGE
 Notes:

The record was prepared by the personnel of the San Diego County Sheriff's Department Medical Services Division, staff physicians, or persons acting under the control of either, in the ordinary course of Medical Services Division business at or near the time of the act, condition or event.

SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Medications

Type: F Medication: ZOLOFT 100MG TABLET Rx #: 400796184
 Status: DISCONTINUED Strength: 100 MG Rte: PO Freq: QAM
 Start Dt/Tm: 05-31-2007 1529 End Dt/Tm: 07-30-2007 1529
 SNP: Provider: NARANJO, JORGE
 Notes:

Type: F Medication: ZOLOFT 100MG TABLET Rx #: 400796184
 Status: DISCONTINUED Strength: 100 MG Rte: PO Freq: QAM
 Start Dt/Tm: 07-07-2007 1128 End Dt/Tm: 09-05-2007 1127
 SNP: Provider: STANLEY, PATRICIA
 Notes:

Type: F Medication: DESYREL (GEN.) 50MG TABLET Rx #: 400796185
 Status: DISCONTINUED Strength: 50 MG Rte: PO Freq: QHS
 Start Dt/Tm: 07-07-2007 1128 End Dt/Tm: 09-05-2007 1127
 SNP: Provider: STANLEY, PATRICIA
 Notes:

Encounter Notes

Entry Date: 05-17-2007 2030 Entered By: JCORDOSH, CORDOBA
 Psych orders noted and carried out. ROI initiated.

Entry Date: 05-17-2007 1447 Entered By: JNARANNS, NARANJO
 see pn

Med Alerts

The record was prepared by the personnel of the San Diego County Sheriff's Department Medical Services Division, staff physicians, or persons acting under the control of either, in the ordinary course of Medical Services Division business at or near the time of the act, condition or event.

SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Type: Psych Sc

Reason: Safety Cell

Date: 05-16-2007 0017

Resource: Monroe, Michael Psychmd

Cost:

Notes:

Diagnosis

Hx 304.8

Major Dprsv Disorder Recu

Objective

Orders

Encounter Notes

Entry Date: 05-16-2007 0948

Entered By: MMONRONS, MONROE

Cleared to SDCJ6. Referred to SW. Referred to Nursing (again) to verify psych meds/dosage.
Psychiatrist f/u 1-2 days. See Safety Cell Eval in chart.

Med Alerts

San Diego County Sheriff's Department Medical Records Unit
The record was prepared by the personnel of the San Diego County Sheriff's Department Medical Services Division, staff physicians, or persons acting under the control of either, in the ordinary course of Medical Services Division business at or near the time of the act, condition or event.

SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Type: Psych Sc

Reason: Safety Cell

Date: 05-14-2007 2304

Resource: Monroe, Michael Psychmd

Cost:

Notes:

Diagnosis

Hx 304.8

Hx Dx 296.33

R/o 292.84

Objective

Orders

Encounter Notes

Entry Date: 05-15-2007 1019

Entered By: MMONRONS, MONROE

CTO Safety Cell. Referred to Nursing to verify psych meds/dosage. See Safety Cell Eval in chart.

Med Alerts

The record was prepared by the personnel of the San Diego County Sheriff's Department Medical Services Division, staff physicians, or persons acting under the control of either, in the ordinary course of Medical Services Division business at or near the time of the act, condition or event.

San Diego County Sheriff's Department Medical Records Unit

SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Type: Rnsc

Reason: Intake Triage

Date: 05-14-2007 1147

Resource:

Cost: \$0.00

Notes:

Objective

Orders

Encounter Notes

Entry Date: 05-14-2007 1148

Entered By: CARROYSH, ARROYO

Ambulated into outside triage with steady gait. Aox3, resp. even and unlabored, skin pink and dry. Commit from court. Claims hx. depression and glaucoma and takes vistaril, trazadone and zoloft but does not remember dosages. Stated SI " I want to kill myself because the people of California are trying to charge me with drugs. I would try to hang myself with a sheet". Escorted by corporal # 3182 to place i/p in safety cell. Report given to medical screening nurse.

Med Alerts

The record was prepared by the personnel of the San Diego County Sheriff's Department Medical Services Division, staff physicians, or persons acting under the control of either, in the ordinary course of Medical Services Division business at or near the time of the act, condition or event.

SAN DIEGO SHERIFFS DEPARTMENT

PSYCHIATRIC QUESTIONS

JIM: 100085814 Book #: 7735747 Book Dt/Tm: 05-14-2007 1133
 Name(L,F,M,S): DAUGHTERY, WILLIAM, JOHN
 DOB: 10-07-1955 Age: 52 Des.: B Sex: M SSN: 451-04-8591
 Created Dt/Tm: 12-06-2007 1153 Created By: PUSUNG,EDMON

Y Do you have any current psychiatric / mental health problems?

Explain: depression.

Y Do you have any previous mental health history?

Explain: same

Y Do you know your psychiatrist / clinic name?

Explain: Dr. Mills

N Any visual hallucinations?

Explain:

N Any auditory hallucinations?

Explain:

N Any suicidal ideation?

Explain:

N Any homicidal ideation?

Explain:

N Any prior suicide attempts?

Explain:

Y Are you currently taking any psychiatric medications?

Record in Med Screen

The record was prepared by the personnel of the San Diego County Sheriff's Department Medical Services Division, staff physicians, or persons acting under the control of either, in the ordinary course of Medical Services Division business at or near the time of the act, condition or event.

SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Encounter Notes

Entry Date: 05-14-2007 1155

Entered By: MSINGKSH, SINGKEE

Received from first floor, alert and oriented x3, VSS, NAD, ambulatory with steady gait, inmate claimed "I want to kill myself by hanging with the sheet." eyecontact good, cooperative, he is a court commit, safety cell placement without force due to SI.

Med Alerts

The record was prepared by the personnel of the San Diego County Sheriff's Department Medical Services Division, staff physicians, or persons acting under the control of either, in the ordinary course of Medical Services Division business at or near the time of the act, condition or event.

SAN DIEGO SHERIFFS DEPARTMENT

Medical Questions

JIM: 100085814 Book #: 7735747 Book Dt/Tm: 05-14-2007 1133
 Name(L,F,M,S): DAUGHTERY, WILLIAM, JOHN
 DOB: 10-07-1955 Age: 52 Des.: B Sex: M SSN: 451-04-8591
 Created Dt/Tm: 12-06-2007 1153 Created By: PUSUNG,EDMON

Y Vital signs?

BP: 120/73
 TPR: 97.9, 61, 18
 Describe: 160 lbs. / 69 in RN 9549

Y Are you being seen by a physician?

Physicians name: Dr. Bhati
 Psychiatrist: Dr. Mills

N Are you a client of the Regional Center for the developmentally disabled?

Which Center:

Allergies

N Medications?

Describe:

N Food?

Describe:

N Bee sting?

Carry Kit:
 Swelling:

Are you pregnant?

LMP?
 EDC?

Have you had a baby in the last 12 months?

Explain:

Have you had an abortion recently?

Date:

N Do you have health insurance?

Explain:

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Premier IMS

File Edit IMS Configuration Other Tools Window Help

Medical Intake: JIM: 100085814, Book #: 7735747, DAUGHTERY

Book #: 7735747 Name: Daughtery, William J. Race: RELS Area: HU Cell: Bed: 370MMED

MEDICAL Navigator

- Id Medical
- Current Summary
- Medical History
- Current Record
- Historical Record
- Medical Intake**
- Intake Medications
- ER Transport
- Fit For Jail
- Medical Questions
- Psychiatric Questions
- Medical Recom
- Medical Reports

☐ N Have you been involved in an accident in the last 72 hours?

Explain:

☒ Y Do you have any communicable diseases?

Explain: not to avian flu and regional center

☒ Y Do you have any major medical problems?

Explain: depression, claims, takes zoloft, trazadone and vistaril 2 doseages

☒ Y Are you feeling suicidal?

Explain: I want to kill myself by hanging with a sheet

☒ Y Fit for Booking?

Disposition:

Previous Next

Save Close

End of Questions

Medical Intake

The record was prepared by the personnel of the San Diego County Sheriff's Department Medical Records Unit
control of either, in the ordinary course of Medical Services Division business at or near the time of the act, condition or event.

DEMOGRAPHIC DATA Age <u>51/10/01</u> Male <input type="checkbox"/> Female <input type="checkbox"/> Race <input type="checkbox"/> Caucasian <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> <input type="checkbox"/> Hispanic <input type="checkbox"/> Am Native <input type="checkbox"/> Other <input type="checkbox"/> Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> <input type="checkbox"/> Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
DSM-IV DIAGNOSIS(ES) (Including Code) Axis I <u>421.31</u> <u>421.304-80</u> Axis II <u>del-</u>		Axis III <u>Chronic shoulder pain</u> Axis IV Psychosocial stressors Interaction with the legal system other Axis V GAF <u>50</u>
PLAN Medication <input checked="" type="checkbox"/> Expected benefit, risks side effects, alternatives discussed <input checked="" type="checkbox"/> Given Written information regarding medications <input checked="" type="checkbox"/> Informed consent given and/or signed <input checked="" type="checkbox"/> Medication(s) prescribed at initial visit. <u>Zoloft 100mg 2 AM</u> <u>Tramadol 375mg PRN</u> <u>400 mg 2x daily</u> <u>Discontinue as needed</u>		<input type="checkbox"/> Lab ordered <input type="checkbox"/> Admit to PSU/WPSU <input type="checkbox"/> Medical Consultation <input type="checkbox"/> Obtain previous medical records <input type="checkbox"/> Treatment plan discussed and accepted by patient <input type="checkbox"/> Other <input checked="" type="checkbox"/> Schedule follow up appointment in DOPS clinic <input type="checkbox"/> 2-3 Days <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> 4 weeks <input checked="" type="checkbox"/> Other <u>2-3 weeks</u>
SUBJECTIVE Chief complaint and/or reason for referral <u>"They re-arrested me"</u> <u>"I'm going to prison"</u>		
HISTORY Detention/incarceration, current symptoms <u>single divorced male, 51 years old, chronic</u> <u>depressive disorder, usual psychiatric dxs, PT reports he's</u> <u>recently realized he's going to prison, stopped his usual</u> <u>sleeping pills to regain control of Zoloft/Tramadol - denies on</u> <u>any drugs, but will - denies on PL - but on - hypochondria</u> <u>started to use drugs around age 22-26, MS, Ecstasy, cocaine</u> <u>reports last used any drugs 24 months</u>		
Previous psychiatric outpatient treatment History <u>peru - ltr. depressive disorder usual is psychiatric dxs</u> <u>post RI, Zoloft, Tramadol, Vicodin, Risperidone</u>		<input type="checkbox"/> Delirium <input type="checkbox"/> Depression <input type="checkbox"/> Dementia <input type="checkbox"/> Disruptive <input type="checkbox"/> Anxiety <input type="checkbox"/> Bipolar <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Personality <input type="checkbox"/> Substance <input type="checkbox"/> Other
Previous psychiatric hospitalization <u>4 hosp → @ cult / psu</u>		<input type="checkbox"/> Delirium <input type="checkbox"/> Depression <input type="checkbox"/> Dementia <input type="checkbox"/> Disruptive <input type="checkbox"/> Anxiety <input type="checkbox"/> Bipolar <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Personality <input type="checkbox"/> Substance <input type="checkbox"/> Other
Suicide attempts/violence <u>denied</u>		<input type="checkbox"/> Delirium <input type="checkbox"/> Depression <input type="checkbox"/> Dementia <input type="checkbox"/> Disruptive <input type="checkbox"/> Anxiety <input type="checkbox"/> Bipolar <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Personality <input type="checkbox"/> Substance <input type="checkbox"/> Other
Psychiatrist Signature <u>[Signature]</u>		Date and Time <u>5/17/07 1450</u>

San Diego County Sheriff's Department Medical Records Unit

SAN DIEGO COUNTY SHERIFF S DEPARTMENT
MEDICAL SERVICES DIVISION
PSYCHIATRY EVALUATION
Page 1 of 2

☐ DDF ☐ GBDF/EMDF ☐ LCDF ☐ SBDF ☒ SDCJ ☐ VDF

Patient's Name

DOB

[illegible]

Form J274 Rev 03/03

--	--	--	--	--	--	--	--

Booking Number	
----------------	--

		-			-	E	
--	--	---	--	--	---	---	--

Date (MM DD YY)

Court Commit

Reason for Safety Cell Placement
DT 5

Date and Time
5/14/07 1150

SUBJECTIVE Chief complaint and precipitating event
Reported to be DTO & DTS.

HISTORY, Previous self injury/violence/suicide attempt
Denial

Previous psychiatric outpatient treatment History
Court Jail

Previous psychiatric hospitalization
New Vista 7/5-15/05; PSU 3/10-29/06

Drug/alcohol abuse history Describe
"I've been clean for a year" Hx Cocaine, RHC reported

OBJECTIVE Mental Status Evaluation

APPEARANCE ☒ Well Groomed ☐ Little care ☐ Appropriate LOC ☒ Alert and awake ☐ Drowsy ☐ Stupor ☐ Coma

EYE CONTACT ☒ Good ☐ Fair ☐ Poor ☐ None

ATTITUDE ☒ Cooperative ☐ Guarded ☐ Non-disclosing ☐ Hostile/Belligerent ☐ Uncooperative

BEHAVIOR ☒ Calm ☐ Apprehensive ☐ Agitated ☐ Motor Retardation ☐ Tearful ☐ Withdrawn

Speech ☒ Clear ☐ Slurred ☐ Slow ☐ Pressured ☐ Quiet ☐ Rapid ☐ Selectively Mute ☐ Aphasic

Conversation ☒ Spontaneous ☐ Only in response to questions ☐ Relevant ☐ Irrelevant

ORIENTED TO ☒ Person ☒ Place ☒ Month ☒ Year ☒ Situations ☐ None

MEMORY Immediate intact ☒ Yes ☐ No Recent intact ☒ Yes ☐ No Remote intact ☒ Yes ☐ No

PERCEPTUAL SYMPTOMS ☒ Normal ☐ Hallucinations ☐ Auditory ☐ Visual ☐ Olfactory ☐ Lxpian

DEPRESSIVE SYMPTOMS INCLUDING

Sleep Disturbance ☐ Yes ☒ No Eating Disturbance ☐ Yes ☒ No

Crying Spells ☐ Yes ☒ No Feelings of Helplessness ☐ Yes ☒ No

Feelings of Hopelessness ☐ Yes ☒ No

SUICIDE THINKING ☐ Denied ☐ Passive ☐ Active ☐ Plan — Reported

Would you ask for help if you felt like hurting yourself? ☐ Yes ☐ No

HOMICIDE THINKING ☐ Denied ☐ Passive ☐ Active ☐ Plan ☐ Intent — Reported

AFFECT ☒ Appropriate ☐ Inappropriate ☐ Labile ☐ Expansive ☐ Constricted ☐ Blunted ☐ Angry

MOOD ☒ Stable ☐ Depressed ☐ Anxious ☐ Irritable ☐ Elevated ☐ Apathetic ☐ Congruent ☐ Incongruent

THOUGHT PROCESSES ☒ Intact ☐ Concrete ☐ Abstract ☐ Thought Blocking ☐ Circumstantial

☐ Disorganized ☐ Loose Association ☐ Tangential ☐ Flight of ideas ☐ Slow hesitant

THOUGHT CONTENT ☒ Appropriate to situation ☐ Grandiose ☐ Obsessions ☐ Compulsions ☐ Paranoia ☐ Delusions ☐ Impoverished

IMPULSE CONTROL ☐ Good ☐ Fair ☐ Poor

JUDGEMENT ☐ Intact ☐ Impaired ☐ Mild ☐ Moderate ☐ Severe INSIGHT ☐ Good understanding ☐ Adequate ☐ Partial recognition ☐ Poor

MOTIVATION FOR TREATMENT ☐ Excellent ☐ Good ☐ Fair ☐ Poor

OBJECTIVE (Narrative Notes)
(Use Form 239B for additional notes)
Denial JH, Hx Jail & Prison "13 yrs"

DIAGNOSIS(ES) Including Codes
Hx 304.8, Hx 296.33, 40292.84 II 3017 III 295 IV 5

DSM IV CODE(S)
108 V 5

MEDICATIONS List current medications being taken and dosage
"Verbalized Traxdone & Zoloft" last taken "7/07"

PLAN ☐ Cleared to Mainline with Psych follow up ☐ Psych Housing ☐ PSU Admission ☐ Voluntary ☐ Involuntary WIC 5150

☐ Cleared to Mainline without Psych follow up ☐ Cleared to Sheriff Department (B&R) ☐ Cleared to classification

☒ Contracted for Safety ☐ Yes ☒ No ☒ Continue to observe ☐ Obtain UBH History

MEDICATIONS ☐ Continue after verified per Policy ☐ Expected benefit risks side effects alternatives discussed

☐ Schedule follow up appointment in Psych OP clinic ☐ 2-3 Days ☐ 1-2 weeks ☐ 4 weeks ☐ Other

☐ Refer to Social Worker ☐ Refer to RN to assess for ETOH/substance withdrawal ☒ Refer to RN to verify meds and dosage ☐ Refer to MD sick call

Psychiatrist/Psychologist Signature
Kronpa, R D

Date and Time
5/15/07 1007

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION
PSYCHIATRY SAFETY CELL EVALUATION

Page 1 of 1

☐ DDF ☐ QBDF/EMDF ☐ LCDF ☐ SBDF ☐ SDCJ ☐ VDF

Patient's Name

Daughter, William

DOB

10-07-55



Form 1273 Rev 08/01

7735747

Booking Number

- - - - -

Date (MM/DD/YY)

San Diego County Sheriff's Department Medical Records Unit

The record was prepared by the personnel of the San Diego County Sheriff's Department Medical Services Division, staff physicians, or persons acting under the control of either, in the ordinary course of Medical Services Division business at or near the time of the act, condition or event.

CONFIDENTIAL MEDICAL/MENTAL HEALTH INFORMATION TRANSFER SUMMARY

To RJDDate 7/24/07INMATE NAME DAUGHTERY, WILLIAM

AKA _____

Facility GEORGE BAILEY DETENTION FACILITY
 Address MEDICAL SERVICES DIVISION
 Telephone 446 ALTA RD SUITE 5300
SAN DIEGO CA 92158 0001
(619) 661 2789

Please list most recent findings on the applicable sections below
 Please write n/a, if not applicable. If necessary, please include any
 other relevant medical history while in custody

Medical Diagnosis/Date

Psychiatric Diagnosis/Date Major Depressive OpSuicide Attempt(s)/Date(s) Hx of safety cellDental Needs/Date Placement on 5/14/07Special Diets/Date due to SI

ALLERGIES

NKA

RELEVANT MEDICAL HISTORY

Chronic @ shoulder pain due to
rotator cuff injury
migraine headaches
was seen by ophal outside
was dx increase intraocular
pressure in @ eye
Major Depressive Op Hx 304
296.33 R/D 292.84

Current Medications (dose, route, frequency, start date, stop date)
 (including TB)

☐ N/A☒ See attachment (JIMS MAR screen print)

Recent Lab Works/X-ray (date and result)

☒ N/A☐ See attachment (Copies of lab reports)

Treatments (frequency, start date, stop date)

☒ N/A☐ See description _____

Pending Appointments and/or Lab Works (start date & stop date)

☐ N/A☒ See description UCSD OPHTHALMOLOGYCLINIC 7/25/07 0800

Pregnant (Circle one)

Yes

No

Unknown

(N/A)

EDC _____

Additional Information

TB assessment attached

COMPLETED BY

For PSYCH + NO F/A
of Nawoog RN #6537

Signature/Title/ARJIS #/Date

SPECIAL TRANSPORT INSTRUCTIONS

0

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
 MEDICAL SERVICES DIVISION
 CONFIDENTIAL MEDICAL/MENTAL HEALTH INFORMATION J204ATION
 TRANSFER SUMMARY

Page 1 of 1

☐ DDF ☐ GBDF/EMDF ☐ LCDF ☐ SBDF ☐ SDCJ ☐ VDFPatient's Name DAUGHTERY, WILLIAMDOB 10/7/1955

Form J204 Rev 03/07



7735747



7/23/2007

The record was prepared by the personnel of the San Diego County Sheriff's Department Medical Services Division, staff physicians, or persons acting under the control of either, in the primary course of their official business at or near the time the act condition or event.

San Diego County Sheriff's Department Medical Records Unit



JIMS - J000028

Run Date: 30-JUL-2008

Run Time: 12:00

San Diego County Sheriff's Department

Detention Services - All Sheriff Facilities

MAR - By Booking & Date

Start Date: 14-MAY-07

End Date: 24-JUL-07

Page: 1 of 8



Name: DAUGHTERY, WILLIAM

Bk#: 7735747

Fac: RELS

AREA:

HU

CELL:

MEDICATIONS

Type	Medication	Generic Name	Rx #	Strength	Rte	Freq	Start Dt/Tm	End Dt/Tm	Status
F	HYDROCORTISONE 1% CREAM	HYDROCORTISONE	400894451	2 GM	PR	QAM	07-08-2007 0700	09-06-2007 1105	D/C: 07-24-2007 0754
F	MOTRIN (GEN.) 400MG TABLET	IBUPROFEN	400894446	400 MG	PO	BID	07-08-2007 0700	09-06-2007 1104	D/C: 07-24-2007 0754
F	MIDRIN CAPSULE	ISOMETHEPT/ACETAMINOP/DICHLPHN	400849465	2 CAP	PO	PRN	06-14-2007 1200	08-13-2007 1356	D/C: 07-24-2007 0754
F	MIDRIN CAPSULE	ISOMETHEPT/ACETAMINOP/DICHLPHN	400849608	2 CAP	PO	PRN	06-14-2007 1200	08-13-2007 1509	D/C: 07-24-2007 0754
F	MULTIPLE VITAMINS	MULTIVITAMINS	400892798	1 TAB	PO	QAM	07-07-2007 0800	09-05-2007 1126	D/C: 07-24-2007 0754
F	METAMUCIL PACKET	PSYLIUM SEED	400894447	1 PACKET	PO	QAM	07-08-2007 0700	09-06-2007 1104	D/C: 07-24-2007 0754
F	ZOLOFT 100MG TABLET	SERTRALINE HCL	400796184	100 MG	PO	QAM	05-17-2007 1330	06-16-2007 1503	RENEW:05-31-2007 0329
F	ZOLOFT 100MG TABLET	SERTRALINE HCL	400796184	100 MG	PO	QAM	05-17-2007 1330	07-30-2007 1529	D/C: 07-24-2007 0754
F	ZOLOFT 100MG TABLET	SERTRALINE HCL	400796184	100 MG	PO	QAM	05-17-2007 1330	09-05-2007 1127	D/C: 07-24-2007 0754
F	DESYREL (GEN.) 50MG TABLET	TRAZODONE HCL	400796185	50 MG	PO	QHS	05-17-2007 1330	06-16-2007 1504	RENEW:05-31-2007 0329
F	DESYREL (GEN.) 50MG TABLET	TRAZODONE HCL	400796185	50 MG	PO	QHS	05-17-2007 1330	07-30-2007 1529	D/C: 07-24-2007 0754
F	DESYREL (GEN.) 50MG TABLET	TRAZODONE HCL	400796185	50 MG	PO	QHS	05-17-2007 1330	09-05-2007 1127	D/C: 07-24-2007 0754

NOTES

Entry By:	Entry Dt/Tm:	Text:
ADIOVA, LOUELLA	06-01-2007 0939	Zoloft 100 mg given as ordered.
ADIOVA, LOUELLA	06-04-2007 0959	Zoloft 100 mg given as ordered.
ENCARNACION, RIA	05-31-2007 2035	Desyrel 50mg given po qhs per med pass list.
ENCARNACION, RIA	06-02-2007 2217	Desyrel 50mg given po per med pass list.
SANCHEZ, SANDRA	06-03-2007 0943	I/P given zoloft 100mg per md order.

ADMINISTRATION

Medication/Dosage	Dose#	Presc Date/Time	Admin Date/Time	Administered By	Route/Site	Reason Not Administered
DESYREL 50MG	1	05-17-07 21:00	05-17-07 21:28	BGROSSSH	PO	
	2	05-18-07 21:00	05-18-07 21:22	SSANC2SH	PO	
	4	05-20-07 21:00	05-20-07 21:18	BGROSSSH	PO	
	5	05-21-07 21:00	05-21-07 21:22	SSANC2SH	PO	
	6	05-22-07 21:00	05-22-07 21:09	SSANC2SH	PO	
	7	05-23-07 21:00	05-23-07 20:29	SSANC2SH	PO	

The record was prepared by the personnel of the San Diego County Sheriff's Department Medical Services Division, staff physicians, or persons acting under the control of either, in the ordinary course of Medical Services Division business at or near the time of the act, condition or event.

San Diego County Sheriff's Department Medical Records Unit

SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail**Type:** Mdsc**Reason:** 01- Follow-up**Date:** 07-08-2007 1108**Resource:** Mansoury, Hadi Ucsdmd**Cost:****Notes:** 2 months for shoulder pain

Objective

Orders

Med Alerts

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San Diego County Sheriff's Department Medical Records Unit

SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Encounter Notes

Entry Date: 07-07-2007 1121

Entered By: PSTANLNS, STANLEY

f/u visit Dep nos on Zoloft 100mg and TZD 50mg hs.
reports long term nausea/diarrhea but not sure if from meds as has been on these
for long time.
reports that his 'outlook is better, more upbeat attitude' w/ Zoloft.
sleep is pretty good w/ TZD - about 5 hr.
noting more anxiety and initial insomnia w/ upcoming sentencing.
discussed inc TZD but reports past w/ priapism w/ increase dose.
refusing vistaril or Benedryl.
Wants to keep meds same for now but would like multi vit.
will add this to above meds.
f/u 2 wk.

Entry Date: 06-29-2007 1022

Entered By: LKARRASH, KARRAM

Refused RNP SC slip signed. Per slip "condition stable" MRT to r/s/d.

Med Alerts

The record was prepared by the personnel of the San Diego County Sheriff's Department Medical Records Unit
control of either, in the ordinary course of Medical Services Division business at or near the time of the act, condition or event.

SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Type: Mdsc

Reason: Exam

Date: 06-13-2007 0427

Resource:

Cost:

Notes: Per J212 would like "Imtrex prescription as needed."

Objective

Vitals

Vitals Dt/Tm: 06-14-2007 1323 Temp ("F): 98.4 Pulse: 58 Respiration: 18

Blood Pressure: 129/87 Wgt: 160 Hgt: 5'9" Provider: ORCINO, FLORA

SNP:

Notes: 51 yo

Orders

Medications

Type: F Medication: MIDRIN CAPSULE

Rx #: 400849465

Status: DISCONTINUED Strength: 2 CAP

Rte: PO

Freq: PRN

Start Dt/Tm: 06-14-2007 1357 End Dt/Tm: 08-13-2007 1356

SNP:

Provider: SCHNEIR, AARON

Notes:

Type: F Medication: MIDRIN CAPSULE

Rx #: 400849608

Status: DISCONTINUED Strength: 2 CAP

Rte: PO

Freq: PRN

Start Dt/Tm: 06-14-2007 1510 End Dt/Tm: 08-13-2007 1509

SNP:

Provider: SCHNEIR, AARON

Notes: Q 1hr PRN max= 5/12hrs

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SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Type: Mdsc

Reason: Exam

Date: 05-27-2007 1330

Resource: Buono, Colleen Ucsdmd

Cost:

Notes: Please eval re: C/O migraine, nerve damage and Glaucoma - ref 5/29, r/s 6/2/07
 (Refer to form J212 dated 5/26/07) MN (run out of time DT ER 6-2) - not seen 6/5 @ a
 program

Objective

Vitals

Vitals Dt/Tm: 06-09-2007 1022 Temp (°F): 97.1 Pulse: 66 Respiration: 20

Blood Pressure: 112/65 Wgt: 160 Hgt: 5'9" Provider: ROQUE, CORAZON

SNP:

Notes:

Orders

Encounter Notes

Entry Date: 06-09-2007 1053

Entered By: MBJELINS, BJELICA

Pt is a 51 y/o man with PMH of migraine headaches, increased right eye intraocular pressure, who comes to clinic to be evaluated. He states that he was seen by an ophth dr outside who wanted to do additional tests re: increased intraocular pressure in right eye. Pt got arrested in meantime. He is feeling fine now. Asymptomatic. No vision problems.

AOx3, comfortable. NI gait. EOMI.

Chart: OU 20/200 without glasses. 20/25 OU with glasses.

Plan: Refer to UCSD ophthalmology clinic for eval. of intraocular pressure.

Entry Date: 06-07-2007 1353

Entered By: CROQUESH, ROQUE

Refused MDSC, refusal slip signed, R/S 06/08/07

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SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Type: Rnsc

Reason: Exam

Date: 07-01-2007 2020

Resource:

Cost: \$0.00

Notes: " optic nerve damage, neck nerve damage pain"

Objective

Vitals

Vitals Dt/Tm: 07-01-2007 2020 Temp (°F): 98.5 Pulse: 76 Respiration:

Blood Pressure: 0/0 Wgt: Hgt: 5'9 " Provider: MILLER, TAMMY

SNP:

Notes:

Orders

Encounter Notes

Entry Date: 07-01-2007 2020

Entered By: TMILL2SH, MILLER

Seen @ RNSC today with c/o "optic nerve damage and neck nerve damage pain." A&O x 3, ambulatory, and gait steady. States " was beat up 1 year ago by the police and suffer injuries to R eye and L shoulder. No s/s of injury noted @ this time to R eye or L neck or shoulder. Full ROM noted to L shoulder. Currently taking midrin for headaches. Advised if gets worse to notify medical. Verbalized understanding. Scheduled for MDSC.

Med Alerts

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SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Medications

Type: F Medication: HYDROCORTISONE 1% CREAM Rx #: 400894451
Status: DISCONTINUED Strength: 2 GM Rte: PR Freq: QAM
Start Dt/Tm: 07-08-2007 1106 End Dt/Tm: 09-06-2007 1105
SNP: Provider: MANSOURY, HADI
Notes:

Encounter Notes

Entry Date: 07-08-2007 1116 Entered By: MSARANSH, SARANDI
Seen by Dr. Mansoury, orders noted, scheduled for follow up.

Entry Date: 07-08-2007 1059 Entered By: HMANSONS, MANSOURY

Patient is here complaining of chronic left shoulder pain due to rotator cuff injury. in physical exam he has mild tenderness in left anterior shoulder. He has full PROM but he cannot elevate his arm actively above his head.

Plan:
Ibuprofen for pain
Will resume his metamucil and anti hemorrhoid ointment

Entry Date: 07-05-2007 1550 Entered By: LTOLENSH, TOLENTINO
Not seen d/t court. R/S.

Med Alerts

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San Diego County Sheriff's Department Medical Records Unit



JIMS - J000028

Run Date: 30-JUL-2008

Run Time: 13:55

San Diego County Sheriff's Department
Detention Services - All Sheriff Facilities
MAR - By Booking & Date

Start Date: 10-MAR-06
End Date: 04-JAN-07

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F	ZOLOFT 100MG TABLET	SERTRALINE HCL	100755181	100 MG	PO	QAM	04-05-2006 1330	07-02-2006 1332	RENEW:05-31-2006 0321
F	ZOLOFT 100MG TABLET	SERTRALINE HCL	100755181	100 MG	PO	QAM	04-05-2006 1330	07-30-2006 1521	RENEW:07-13-2006 0140
F	ZOLOFT 100MG TABLET	SERTRALINE HCL	100755181	100 MG	PO	QAM	04-05-2006 1330	09-11-2006 1340	RENEW:08-17-2006 0422
F	ZOLOFT 100MG TABLET	SERTRALINE HCL	100755181	100 MG	PO	QAM	04-05-2006 1330	10-16-2006 1622	RENEW:10-03-2006 1006
F	ZOLOFT 100MG TABLET	SERTRALINE HCL	100755181	100 MG	PO	QAM	04-05-2006 1330	12-02-2006 1005	RENEW:11-11-2006 1035
F	ZOLOFT 100MG TABLET	SERTRALINE HCL	100755181	100 MG	PO	QAM	04-05-2006 1330	01-10-2007 1033	D/C: 01-04-2007 0842
F	ZOLOFT 100MG TABLET	SERTRALINE HCL	400496858	150 MG	PO	QAM	12-09-2006 0930	02-07-2007 1349	D/C: 01-04-2007 0842
F	ZOLOFT 50MG TABLET	SERTRALINE HCL	700324983	50 MG	PO	QAM	03-10-2006 0800	04-09-2006 0828	RENEW:03-28-2006 0557
F	ZOLOFT 50MG TABLET	SERTRALINE HCL	700324983	50 MG	PO	QAM	03-10-2006 0800	05-27-2006 1757	D/C: 04-05-2006 0404
F	DESYREL (GEN.) 100MG TABLET	TRAZODONE HCL	400443576	100 MG	PO	QHS	11-11-2006 0900	01-10-2007 1050	D/C: 01-04-2007 0842
F	DESYREL (GEN.) 100MG TABLET	TRAZODONE HCL	400443576	100 MG	PO	QHS	11-11-2006 0900	02-07-2007 1349	D/C: 01-04-2007 0842
F	DESYREL (GEN.) 50MG TABLET	TRAZODONE HCL	400368419	50 MG	PO	QHS	10-03-2006 0800	12-02-2006 1005	RENEW:11-11-2006 1033
F	DESYREL (GEN.) 50MG TABLET	TRAZODONE HCL	400368419	50 MG	PO	QHS	10-03-2006 0800	11-12-2006 1032	D/C: 11-12-2006 1045

NOTES

Entry By:	Entry Dt/Tm:	Test:
ADIOVA, LOUELLA	06-01-2007 0935	Zoloft 100 mg given as ordered.
ADIOVA, LOUELLA	06-04-2007 0959	Zoloft 100 mg given as ordered.
ENCARNACION, RIA	05-31-2007 2035	Desyrel 50mg given po @hs per med pass list.
ENCARNACION, RIA	06-02-2007 2217	Desyrel 50mg given po per med pass list
SANCHEZ, SANDRA	06-03-2007 0943	I/P given zoloft 100mg per md order

ADMINISTRATION

Medication/Dosage	Dose#	Presc Date/Time	Admin Date/Time	Administered By	Route/Site	Reason Not Administered
Notes						
ANUSOL SUPP 1SUPP	1	08-18-06 16:40	08-18-06 16:43	GSEYMAN	PR	
	2	09-17-06 10:25	09-17-06 10:25	MLUMBOSH	PR	
	3	09-22-06 13:00	09-22-06 13:00	ICALLOSH	PR	
	4	09-24-06 14:23	09-24-06 14:23	ICALLOSH	PR	
	1	11-24-06 20:31	11-24-06 20:31	EGOLDSSH	PR	
	1	09-27-06 21:00	09-27-06 19:02	TESTACSH	PR	
	2	09-28-06 08:00	09-28-06 08:38	LNVA2SH	PR	
ANUSOL HC 25MG SUPP. 1SUPP	1	09-28-06 21:00	09-28-06 20:46	JSANTISH	PR	

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San Diego County Sheriff's Department Medical Records Unit



JIMS - J000028

Run Date: 30-JUL-2008

Run Time: 13:55

San Diego County Sheriff's Department
Detention Services - All Sheriff Facilities
MAR - By Booking & Date

Page: 1 of 37



Start Date: 10-MAR-06
End Date: 04-JAN-07

Name: DAUGHTERY, WILLIAM

BK#: 6704525

Fac: RELS

AREA:

HU

CELL:

MEDICATIONS

Type	Medication	Generic Name	Rx #	Strength	Rte	Freq	Start Dt/Tm	End Dt/Tm	Status
F	TYLENOL 325MG CAPLET	ACETAMINOPHEN	700325048	650 MG	PO	PRN Q4H	03-10-2006 0800	05-09-2006 1044	D/C: 03-28-2006 0558
F	LOTIRMIN (GEN.) 1% CREAM	CLOTRIMAZOLE	400453169	1 GM	TP	BID	11-16-2006 0600	11-30-2006 1344	D/C: 11-30-2006 0215
F	HYDROCORTISONE 1% CREAM	HYDROCORTISONE	400453172	1 GM	TP	BID	11-16-2006 0600	11-30-2006 1345	D/C: 11-30-2006 0215
F	ANUSOL HC (GEN) HEMORR/HC SUPP	HYDROCORTISONE ACETATE	400357591	1 SUPP	PR	BID	09-27-2006 0800	10-12-2006 0841	D/C: 10-12-2006 0845
F	VISTARIL (GEN.) 50MG CAPSULE	HYDROXYZINE PAMOATE	100755182	100 MG	PO	QHS	04-05-2006 1330	06-04-2006 1601	RENEW:05-03-2006 0132
F	VISTARIL (GEN.) 50MG CAPSULE	HYDROXYZINE PAMOATE	100755182	100 MG	PO	QHS	04-05-2006 1330	07-02-2006 1332	RENEW:05-31-2006 0320
F	VISTARIL (GEN.) 50MG CAPSULE	HYDROXYZINE PAMOATE	100755182	100 MG	PO	QHS	04-05-2006 1330	09-11-2006 1340	RENEW:08-17-2006 0422
F	VISTARIL (GEN.) 50MG CAPSULE	HYDROXYZINE PAMOATE	100755182	100 MG	PO	QHS	04-05-2006 1330	07-30-2006 1521	RENEW:07-13-2006 0140
F	VISTARIL (GEN.) 50MG CAPSULE	HYDROXYZINE PAMOATE	100755182	100 MG	PO	QHS	04-05-2006 1330	12-02-2006 1006	D/C: 11-11-2006 0225
F	VISTARIL (GEN.) 50MG CAPSULE	HYDROXYZINE PAMOATE	100755182	100 MG	PO	QHS	04-05-2006 1330	10-16-2006 1622	D/C: 03-12-2006 1007
F	VISTARIL (GEN.) 50MG CAPSULE	HYDROXYZINE PAMOATE	700324984	25 MG	PO	QHS	03-10-2006 0800	03-24-2006 0828	D/C: 03-12-2006 0103
F	VISTARIL (GEN.) 50MG CAPSULE	HYDROXYZINE PAMOATE	100739968	50 MG	PO	QHS	03-12-2006 0723	05-11-2006 2059	RENEW:03-28-2006 0557
F	VISTARIL (GEN.) 50MG CAPSULE	HYDROXYZINE PAMOATE	100739968	50 MG	PO	QHS	03-12-2006 0723	05-27-2006 1757	D/C: 04-05-2006 0404
F	MOTRIN (GEN.) 600MG TABLET	IBUPROFEN	400337594	600 MG	PO	STAT	09-16-2006 0700	09-16-2006 1347	D/C: 09-16-2006 0147
F	MOTRIN (GEN.) 400MG TABLET	IBUPROFEN	400468737	800 MG	PO	BID	11-24-2006 0700	11-27-2006 2029	D/C: 11-26-2006 0259
F	HUMAN INSULIN R 100U/ML	INSULIN REGULAR, HUMAN	100744107	0 U	SQ	VAR	03-18-2006 1300	03-21-2006 1520	D/C: 03-21-2006 0345
MF	MIDRIN CAPSULE	ISOMETHEPT/ACETAMINOP/DICHLPHN	400471484	1 CAP	PO	PRN	11-26-2006 1300	01-25-2007 1443	D/C: 01-04-2007 0842
F	MALLOX PLUS SUSPENSION	MAG HYDROX/AL HYDROX/SIMEH	700325046	30 ML	PO	PRN Q4H	03-10-2006 0800	05-09-2006 1044	D/C: 03-28-2006 0558
F	MILK OF MAGNESIA SUSPENSION	MAGNESIUM HYDROXIDE	700325047	30 ML	PO	PRN Q4H	03-10-2006 0800	05-09-2006 1044	D/C: 03-28-2006 0558
F	MULTIPLE VITAMINS	MULTIVITAMINS	400368414	1 TAB	PO	QAM	10-03-2006 0800	12-02-2006 1004	D/C: 03-28-2006 0558
F	MULTIPLE VITAMINS	MULTIVITAMINS	400368414	1 TAB	PO	QAM	10-03-2006 0800	01-29-2007 0000	D/C: 01-04-2007 0842
F	NAPROSYN (GEN.) 500MG TABLET	NAPROXEN	400357594	500 MG	PO	BID	09-27-2006 0800	10-12-2006 0842	D/C: 10-12-2006 0845
F	NAPROSYN (GEN.) 500MG TABLET	NAPROXEN	400453171	500 MG	PO	BID	11-16-2006 0600	01-15-2007 1344	D/C: 01-04-2007 0842
F	ANUSOL (GEN) HEMORRHOIDAL SUPP	PHENYLEPHRINE HCL	400284307	1 SUPP	PR	PRN	08-18-2006 1200	10-17-2006 1639	D/C: 09-27-2006 0902
F	ANUSOL (GEN) HEMORRHOIDAL SUPP	PHENYLEPHRINE HCL	400468738	1 SUPP	PR	QAM	11-24-2006 0700	11-27-2006 2030	D/C: 11-27-2006 0845
F	METANUCIL PACKET	PSYLIUM SEED	400284306	1 PACKET	PO	QAM	08-18-2006 1200	10-17-2006 1638	RENEW:10-14-2006 0405
F	METANUCIL PACKET	PSYLIUM SEED	400284306	1 PACKET	PO	QAM	08-18-2006 1200	12-10-2006 0000	RENEW:12-07-2006 0957
F	METANUCIL PACKET	PSYLIUM SEED	400284306	1 PACKET	PO	QAM	08-18-2006 1200	02-05-2007 0000	D/C: 01-04-2007 0842
F	ZANTAC (GEN.) 150MG TABLET	RANITIDINE HCL	400410224	150 MG	PO	BID	10-25-2006 1300	11-24-2006 1017	RENEW:11-21-2006 0135
F	ZANTAC (GEN.) 150MG TABLET	RANITIDINE HCL	400410224	150 MG	PO	BID	10-25-2006 1300	01-20-2007 0000	D/C: 01-04-2007 0842
F	ZOLOFT 100MG TABLET	SRNITIDINE HCL	400410224	150 MG	PO	BID	10-25-2006 1300	01-20-2007 0000	RENEW:05-03-2006 0132

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SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Type: Social Svcs Sc

Reason: Treatment

Date: 06-14-2006 1543

Resource: Kirkpatrick, Kevin Sh1242***

Cost: \$0.00

Notes:

Objective

Orders

Encounter Notes

Entry Date: 06-14-2006 1543

Entered By: KKIRKPSH, KIRKPATRICK

Group Tx: I/P Attended Psychotherapeutic Group focused on Personal Control. Appropriate Comments, Affect, and Behavior. Class exercise was review of REBT Model stressing distorted thinking: demands: should, etc.; and evaluations: horrible, etc.

No handouts used. Interactive discussion focusing on ABC model applied to "giving a speech"; and class example about GF criticizing him, predicting failure for the future during a p/c. Applied the model to investigate underlying demands that led to his angry response: emotion and verbal behavior.

Med Alerts

San Diego County Sheriff's Department Medical Records Unit
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SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Type: Rnsc

Reason: Psu Daily

Date: 03-10-2006 2113

Resource:

Cost: \$0.00

Notes:

Objective

Orders

Encounter Notes

Entry Date: 03-10-2006 2113

Entered By: ROCONESH, OCONER

S - "I feel better after taking my Vistaril."

O - Clear speech, coherent, good eye contact

A - High risk for self harm

He joined the group game and he participated. He took his medication after the game. He said, "I felt better after taking the Vistaril. He said last time he took his medication was long time ago. He said he only takes THC, Cocaine and alcohol on the street because he keeps moving around. He said, "I felt suicidal after I was arrested. I want to kill the police and everybody." He denies hearing voices and SI now.

P - Will continue to monitor his behavior every 15 minutes.

Med Alerts

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SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Type: Social Svcs Sc

Reason: Psu Daily

Date: 03-20-2006 1615

Resource: Goodman, Martha Sh9098

Cost: \$0.00

Notes:

Objective

Orders

Encounter Notes

Entry Date: 03-20-2006 1615

Entered By: MGOODMSH, GOODMAN

MTP 10 DAY REVIEW/UPDATE NOTE Staff present: J. Naranjo, MD; M. Malay, LMFT; R. Sivalay, RN

Problem # 1 Alteration in mood AEB: depressed affect and patient self report of depression; continues, although sleeping and eating WNL, as well as reporting mood improvement, patient requires prompts to attend Tx groups.

Problem # 2 Potential for self harm/suicide AEB: SI expressed prior to admission; discontinued, patient denies current SI and contracts for safety, with prompts attends Tx groups, alert, oriented X3, directable, compliant with Rx and Tx, enjoys reading nonfiction.

Problem # 9 Substance abuse/dependence AEB: Hx of substance dependence and current charges of possession/transport/sale of controlled substance; continues, patient does not openly discuss this issue in the presence of peers.

Problem #12 Discharge planning; continues, patient remains as voluntary on PSU with scheduled 3/23/06 court date.

Med Alerts

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SAN DIEGO SHERIFFS DEPARTMENT**Medical Chart****Encounter Detail****Type:** Rnsc**Reason:** Psu Daily**Date:** 03-10-2006 1543**Resource:****Cost:** \$0.00**Notes:** PSU Admission Notes :**Objective****Orders****Encounter Notes****Entry Date:** 03-10-2006 1543**Entered By:** ZCOLLASH; COLLANTES**Nursing Admission Notes :**

This is a 50 year old Black Male admitted to PSU on 5150 as DTS by Dr Ordas . He voiced SI during arrest thus evaluated @ CMH & placed in safety @ VDF due to non availability of safety cell @ SDCJ . He continue to voiced SI , depressed & suicidal & not contracting for safety, that given the opportunity he will kill himself . Upon arrival stated "I'm feeling much better now than yesterday " . " I was psychotic & made me suicidal " . " I've been in prison too long , I don't have families " . He is alert & oriented x 3, speech clear & coherent , good eye contact , all memories are intact , intelligence to be of normal average, responds to questions appropriately . He is still endorsing active suicidal thoughts that he given the opportunity he will do it . Mood depressed , feeling of helplessness & hopelessness , & some sleeping disturbances . Voiced some paranoia but no disclosure of content , insight & judgment impaired , poor impulse control @ this time . Admits to used of alcohol & drug used mainly cocaine .

Explained unit rules & regulations , patient's rights , & advised of hold & DOJ regulations . Placed on SP monitoring Q 15 minutes , given a wool blankets & housed in B # 2 . Advised to seek staff if feelings of SI occur , verbalized understanding .

Med Alerts

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SAN DIEGO SHERIFFS DEPARTMENT**Medical Chart****Encounter Detail****Encounter Notes****Entry Date:** 03-10-2006 0943**Entered By:** MABIARSH, ABIARO

Seen and evaluated by Psych in safety cell. To PSU today per Psychiatrist. First dose of Zoloft 50 mgs. given.

Entry Date: 03-10-2006 0823**Entered By:** DORDASNS, ORDAS

See J273. Inmate voiced SI during arrest, was evaluated at CMH and placed in safety cell at VDF. He still will not contract for safety. He states he is depressed and suicidal. He is tired of life, drugs, arrest, etc. He states that as soon as he gets an opportunity, he will kill himself. Will transfer to SDCJ for further eval and tx. Last year he took Zoloft, TDZ and Vistaril in jail. He has not been taking it outside of jail. He agreed to start Zoloft and Vistaril, but was convinced it won't change his mind to kill himself.

Med Alerts

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SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Type: Psych Sc

Reason: Safety Cell

Date: 03-10-2006 0207

Resource: Ordas, Dennis Psychmd

Cost:

Notes: Safety cell placement, seen @ CMH 3/9 @2312.

Diagnosis

Cocaine Dependence

Major Dprsv Disorder Recu

Objective

Instructions

PSU/WPSU

COMPLETE

Orders

Medications

Type: F

Medication: VISTARIL (GEN.) 25MG CAPSULE

Rx #: 700324984

Status: DISCONTINUED

Strength: 25 MG

Rte: PO

Freq: QHS

Start Dt/Tm: 03-10-2006 0829 End Dt/Tm: 03-24-2006 0828

SNP:

Provider: ORDAS , DENNIS

Notes:

Type: F

Medication: ZOLOFT 50MG TABLET

Rx #: 700324983

Status: RENEWED

Strength: 50 MG

Rte: PO

Freq: QAM

Start Dt/Tm: 03-10-2006 0829 End Dt/Tm: 04-09-2006 0828

SNP:

Provider: ORDAS , DENNIS

Notes:

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San Diego County Sheriff's Department Medical Records Unit

SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Encounter Notes

Entry Date: 03-10-2006 0259

Entered By: RMARQUSH, MARQUEZ

Lying on his left side with safety garment on, observed to be moving feet on occasions. No facial expression of pain or discomfort, no response received when door was tapped or when name was called.

Entry Date: 03-10-2006 0147

Entered By: RMARQUSH, MARQUEZ

Patient being booked at SDCJ and admitted to being suicidal. Brought to CMH and was cleared there, brought back to SDCJ but patient still won't contract for safety. Safety cell placement is indicated however no available cell in SDCJ thus was transferred here in VDF for safety cell placement. At intake, patient still admits to being suicidal. Claims he has underlying "mental health problems" and currently suffering from depression. Further stated he had attempted to SA by "jumping off a bridge" some time ago. Sworn staff notified of CMH recommendation, patient was escorted to safety cell by deputies without any use of force. Safety cell garment was provided and subsequently worn by patient. Checked @ 0145, patient lying on his left side with his eyes closed, no observed signs of distress or discomfort. Will continue to observe.

Med Alerts

The record was prepared by the personnel of the San Diego County Sheriff's Department Medical Services Unit control of either, in the ordinary course of Medical Services Division business at or near the time of the act, condition or event.

SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Encounter Notes

Entry Date: 03-10-2006 0732

Entered By: RARQUESH, ARQUERO

Awake at this time with safety garment on, offered a cup of water and taken, complains of shoulder pain, able to walk around safety cell.

Entry Date: 03-10-2006 0626

Entered By: RARQUESH, ARQUERO

Lying on his right side, safety garment on, changed his position, breathing regular and unlabored.

Entry Date: 03-10-2006 0555

Entered By: RMARQUSH, MARQUEZ

Has changed position since last check. Safety garment on, no response received to offer of water. NAD.

Entry Date: 03-10-2006 0500

Entered By: RMARQUSH, MARQUEZ

Had breakfast, now lying on his right side with his head rested on the styrofoam tray, asleep.

Entry Date: 03-10-2006 0400

Entered By: RMARQUSH, MARQUEZ

Remains in the same spot and position as when last checked, asleep. Garment on, no signs of distress or discomfort.

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SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Type: Rnsc

Reason: Safety Cell

Date: 03-10-2006 0147

Resource: Marquez, Ronald Sh3575

Cost: \$0.00

Notes: Placed @ 0137 from CMH

Objective

Vitals

Vitals Dt/Tm: 03-10-2006 0147 Temp (°F): 97.7 Pulse: 94 Respiration: 16

Blood Pressure: 130/78 Wgt: 147 Hgt: 5'9." Provider: MARQUEZ, RONALD

SNP:

Notes:

Orders

Encounter Notes

Entry Date: 03-10-2006 1348

Entered By: MABIARSH, ABIARO

Taken out of the safety cell, calm and cooperative for transport to SDCJ PSU.

Entry Date: 03-10-2006 1251

Entered By: MABIARSH, ABIARO

Awake, alert and verbal, wearing safety cell garment. Breathing even, unlabored. Declined offer of water.

Entry Date: 03-10-2006 1158

Entered By: RARQUESH, ARQUERO

Lying on his left side, denied any discomfort at this time, breathing evenly and unlabored, wearing safety garment.

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SAN DIEGO SHERIFFS DEPARTMENT

PSYCHIATRIC QUESTIONS

JIM: 100085814 Book #: 6704525 Book Dt/Tm: 03-10-2006 0116

Name(L,F,M,S): DAUGHTERY, WILLIAM, JOHN

DOB: 10-07-1955 Age: 52 Des.: B Sex: M SSN: 451-04-8591

Created Dt/Tm: 12-06-2007 1145

Created By: ABIARO,MARY

Y Do you have any current psychiatric / mental health problems?

Explain: Depression

Y Do you have any previous mental health history?

Explain: Depression

Y Do you know your psychiatrist / clinic name?

Explain: in jail previously

N Any visual hallucinations?

Explain:

N Any auditory hallucinations?

Explain:

Y Any suicidal ideation?

Explain: currently in safety cell

N Any homicidal ideation?

Explain:

Y Any prior suicide attempts?

Explain: "in the past"

N Are you currently taking any psychiatric medications?

Record in Med Screen

The record was prepared by the personnel of the San Diego County Sheriff's Department Medical Services Division, staff physicians, or persons acting under the control of either, in the ordinary course of Medical Services Division business at or near the time of the act, condition or event.

Page 4

INMATE/PATIENT MEDICAL CARE REQUEST - Detention Facility Information			
Patient Name <u>Daughtery, William</u> DOB <u>10/07/55</u> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Booking No <u>7735747</u> SSN <u>451 04 8591</u> Hospital Medical Record No _____ Insurance _____ Primary Language if Other than English _____		SENDING DETENTION FACILITY <input checked="" type="checkbox"/> SDCJ <input type="checkbox"/> GBDF/EMDF <input type="checkbox"/> LCDF Phone 619 615 2454 Phone 619 661 2789 Phone 619 258 3200 Fax 619 615 2450 Fax 619 661 2797 Fax 619 258 3222 <input type="checkbox"/> VDF <input type="checkbox"/> DDF <input type="checkbox"/> SBDF Phone 760 940 4492 Phone 619 659 5540 Phone 619 691 4746 Fax 760 940 4533 Fax 619 659 5549 Fax 619 691 4449 MODE OF TRANSPORTATION <input checked="" type="checkbox"/> Deputy Car <input type="checkbox"/> Ambulance/EMT <input type="checkbox"/> 911 <input type="checkbox"/> Security Level <u>3</u> Special Instructions _____	
DO NOT GIVE INMATE ANY DATES FOR FOLLOW UP VISITS REFERRAL TO <input checked="" type="checkbox"/> UCSD Clinic (specify) <u>Ophthalm</u> <input type="checkbox"/> UCSD ED NON-UCSD SPECIALTY CLINIC <input type="checkbox"/> Oral Surgery <input type="checkbox"/> Optometry <input type="checkbox"/> Other (Clinic or ED) _____ Known Diagnosis(es) <u>1 (R) EYE INTRAOCULAR PRESSURE</u> <input type="checkbox"/> ANKA Allergies Medication(s) _____ REFERRAL REASON (Clinical Condition and Medical Justification for Off Site Evaluation) Specify criteria of urgent medical necessity Requests for specialty referrals are usually accommodated within a 4-week time frame. If referral is for less than the standard 4-week time frame, call (619) 471-9060. <u>SEEN BY OPHTHALM OUTSIDE. 1 INTRAOCULAR PRESSURE IN R EYE</u>			
AXED ATTACHMENTS <input type="checkbox"/> Progress Notes <input type="checkbox"/> MAR <input type="checkbox"/> Lab/X-ray <input type="checkbox"/> BKG <input type="checkbox"/> Other _____ For further information call the Charge Nurse			
Referral Provider Signature <u>[Signature]</u> Print Name <u>D. Bernice</u>		Today's Date <u>6/9/07</u> Nurse Signature <u>D. Burnes</u> Print Name <u>D. Burnes</u>	
CONTRACT OFFICE USE The contractor, or his representative, will receive this Request for Referral via facsimile, follow up appointment and coordinate with the Sheriff's Department Detentions Medical Facility		Today's Date <u>6-9-07</u> ARJIS <u>9379</u>	
APPOINTMENT DATE & TIME <u>7/5/07</u>	LOCATION OF APPOINTMENT <input type="checkbox"/> Oral Surgery <input type="checkbox"/> Optometry <input type="checkbox"/> UCSD Hillcrest <input type="checkbox"/> OPC <input type="checkbox"/> ACC <input type="checkbox"/> La Jolla <input type="checkbox"/> Perlman <input type="checkbox"/> Thornton <input type="checkbox"/> Moores Cancer Ctr <input type="checkbox"/> Shiley Eye <input type="checkbox"/> Other UCSD Clinic <u>Ophthalmology</u> <input type="checkbox"/> Other Hospital/Clinic _____ Estimated time frame for scheduled clinic/procedure/surgery <u>15</u> Instructions _____		
<input type="checkbox"/> Approved <input type="checkbox"/> Modified <input type="checkbox"/> Denied <input type="checkbox"/> Deferral <input type="checkbox"/> Pending for additional information Comments _____			
Sheriff Custody Program Manager Signature _____			Date _____

 SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
 MEDICAL SERVICES DIVISION
 REQUEST FOR REFERRAL

Page 1 of 1

☐ DDF ☐ GBDF/EMDF ☐ LCDF ☐ SBDF ☐ SDCJ ☐ VDF
Patient's Name DAUGHTERY, WILLIAMDOB 10/7/1955

Form J232A Rev 10/06



7735747



6/9/2007

The record was prepared by the personnel of the San Diego County Sheriff's Department Medical Services Division, staff physicians, or persons acting under the control of either, in the ordinary course of Medical Services Division business at or near the time of the act, condition or event.

San Diego County Sheriff's Department Medical Records Unit

The record was prepared by the personnel of the San Diego County Sheriff's Department Medical Services Division, staff physicians, or persons acting under the control of either, in the ordinary course of Medical Services Division business at or near the time of the act, condition or event.

San Diego County Sheriff's Department Medical Records Unit

MEDICAL HISTORY

☐ Currently Healthy
☐ Currently Ill Describe Chronic @ shoulder / neck pain
☐ Medications allergies NKA ☐ Current Medications 300FT 15mg + am?
☐ As applicable - menstrual / pregnancy / contraception Prozac 50mg 7HS
☒ Head trauma/seizures ☐ Non LOC @ 053120
lost X took meds 2 1/5 months

RELEVANT FAMILY BACKGROUND

☐ Unremarkable
 Family Psychiatric History denied
 Mental Illness denied
 Alcohol/Drug denied
 Academic Background completed H.S. 14v - college
 Work History ex-military

Marital History

Divorced

Children

30 y/o daughter A 28 y/o son

Prison Time = 13 yrs

OBJECTIVE Mental Status Evaluation

APPEARANCE ☐ Well Groomed ☐ Little care ☒ Appropriate LOC ☒ Alert and awake ☐ Drowsy ☐ Stupor ☐ Coma
 EYE CONTACT ☐ Good ☒ Fair ☐ Poor ☐ None
 ATTITUDE ☒ Cooperative ☐ Guarded ☐ Non-disclosing ☐ Hostile/Belligerent ☐ Uncooperative
 BEHAVIOR ☒ Calm ☐ Apprehensive ☐ Agitated ☐ Motor Retardation ☐ Tearful ☐ Withdrawn
 Speech ☒ Clear ☐ Slurred ☐ Slow ☐ Pressured ☐ Quiet ☐ Rapid ☐ Selectively Mute ☐ Aphasic
 Conversation ☒ Spontaneous ☐ Only in response to questions ☐ Relevant ☐ Irrelevant
 ORIENTED TO ☒ Person ☒ Place ☒ Month ☒ Year ☒ Situations ☐ None
 MEMORY Immediate intact ☒ Yes ☐ No Recent intact ☒ Yes ☐ No Remote intact ☒ Yes ☐ No
 PERCEPTUAL SYMPTOMS ☐ Normal ☐ Hallucinations ☐ Auditory ☐ Visual ☐ Olfactory ☐ Tactile denied

DEPRESSIVE SYMPTOMS INCLUDING

Sleep Disturbance ☒ Yes ☐ No Eating Disturbance ☐ Yes ☒ No
 Crying Spells ☐ Yes ☒ No Feelings of Helplessness ☐ Yes ☒ No
 Feelings of Hopelessness ☐ Yes ☒ No

SUICIDE THINKING ☒ Denied ☐ Passive ☐ Active ☐ Plan

Would you ask for help if you felt like hurting yourself? ☒ Yes ☐ No

HOMICIDE THINKING ☒ Denied ☐ Passive ☐ Active ☐ Plan ☐ Intent

AFFECT ☐ Appropriate ☐ Inappropriate ☐ Labile ☐ Expansive ☒ Constricted ☐ Blunted ☐ Angry

MOOD ☐ Stable ☐ Depressed ☐ Anxious ☐ Irritable ☐ Elevated ☐ Apathetic ☒ Congruent ☐ Incongruent

THOUGHT PROCESSES ☒ Intact ☐ Concrete ☐ Abstract ☐ Thought Blocking ☐ Circumstantial

☐ Disorganized ☐ Loose Association ☐ Tangential ☐ Flight of ideas ☐ Slow hesitant

THOUGHT CONTENT ☒ Appropriate to situation ☐ Grandiose ☐ Obsessions ☐ Compulsions ☐ Paranoia ☐ Delusions ☐ Impoverished

IMPULSE CONTROL ☐ Good ☒ Fair ☐ Poor

JUDGEMENT ☐ Intact ☐ Impaired ☐ Mild ☐ Moderate ☐ Severe INSIGHT ☐ Good understanding ☐ Adequate ☒ Partial recognition ☐ Poor

MOTIVATION FOR TREATMENT ☐ Excellent ☐ Good ☒ Fair ☐ Poor

Psychiatrist Signature

Date and Time

Discussed & utilized re: side effects of med Rx as well as alternative re: options, nature of X, consequences of not receiving same re: P acknowledged above & agreed to plan.

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
 MEDICAL SERVICES DIVISION
 PSYCHIATRY EVALUATION

Page 2 of 2

☐ DDF ☐ GBDF/EMDF ☐ LCDF ☐ SBDF ☒ SDCJ ☐ VDF

Patient's Name

Daughter, William

DOB

Booking number

Date (MM/DD/YY)

Premier JMS

File Edit JMS Configuration Other Tools Window Help

Medical Intake: JIM: 100085814, Book #: 6704525, DAUGHTERY

Book #: 6704525 Name: Daughtery, William J. Race: RE S. Age: 37 Hgt: 5'8" Wgt: 175 Bed: 370MMED

MEDICAL Navigator

- Id Medical
- Current Summary
- Medical History
- Current Record
- Historical Record
- Medical Intake**
- Intake Medications
- ER Transport
- Fit For Jail
- Medical Questions
- Psychiatric Questions
- Medical Recom
- Medical Reports

☒ Y Have you been involved in an accident in the last 72 hours?

Explain: I got beaten with a flashlight on my left shoulder

☒ N Do you have any communicable diseases?

Explain:

☒ N Do you have any major medical problems?

Explain:

☒ Y Are you feeling suicidal?

Explain: safety cell placement

☒ Y Fit for Booking?

Disposition:

Previous Next

Save Close

End of Questions

Ready

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INVOLUNTARY PATIENT ADVISEMENT
(TO BE READ AND GIVEN TO THE PATIENT AT TIME OF ADMISSION)

Name of Facility

SDCJ PSY

Patient's Name

DAUGHTERY, WILLIAM

Admission Date

Section 5157 (c) and (d) of the Welfare and Institutions Code (W & I) requires that each person admitted for 72-hour evaluation be given specific information orally and in writing, and a record of the advisement be kept in the patient's medical record.

My name is

ZAYDA

My position here is

RN

You are being placed in this psychiatric facility because it is the opinion of the professional staff, that as a result of a mental disorder, you are: (check applicable)

Dangerous to yourself

☒

Dangerous to others

Gravely Disabled (unable to
provide for your own food
clothing or shelter)

(Document specific evidence which substantiates reason for hold):

We feel this is true because

verbalized suicidal ideation would
not contract for safety, as soon as he gets the
opportunity he will kill himself

You will be held for a period of up to 72 hours. This (does not) (does) include weekends or holidays.

Your 72-hour period will begin: 0800 3/10/06 (Time and Date)

Your 72-hour evaluation and treatment period will end at: 0800 3/13/06 (Time and Date)

During these 72 hours you will be evaluated by the hospital staff, and the treatment you receive may include medications. It is possible for you to be released before the end of the 72 hours, but if the professional staff decide that you need continued treatment, you can be held for a longer period of time. If you are held longer than 72 hours, you have the right to a lawyer and a qualified interpreter and a hearing before a judge. If you are unable to pay for the lawyer, then one will be provided free.

State law presumes you to be competent regardless of whether you have been evaluated or treated for mental disorder as a voluntary or involuntary patient.

Good Cause for Incomplete Advisement

Date

Advisement Completed By

360/12/06

Position

RN

Date

3/10/06

Original to the Patient
Copy to Patient's Record

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
 MEDICAL SERVICES DIVISION
 INVOLUNTARY PATIENT ADVISEMENT

Page 1 of 1

☐ DDF ☐ GBDF/EMDF ☐ LCDP ☐ SBDF ☐ SDCJ ☐ VDF

Patient's Name: DAUGHTERY, WILLIAM

D.O.B: 10/7/1955



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Reason for Safety Cell Placement: DTS/ DTO	Date and Time
SUBJECTIVE Chief complaint and precipitating event: if I go back in there (2-B) I will grab someone by the wind pipe and stomp on them. I'd rather be dead than live by someone else's rules.	
HISTORY: Previous self-injury/violence/suicide attempt: pt. just transferred from COT to PDDP yesterday - he had been on 6th floor.	<input type="checkbox"/> Denied <input type="checkbox"/> Denied <input type="checkbox"/> Denied
Previous psychiatric outpatient treatment History	
Previous psychiatric hospitalization:	
Drug/alcohol abuse history. Describe: see prior eval	He immediately didn't like 2-B & became loud, agitated, + threatening to point he had to be placed in the safety cell. Pt. still making open threats to hurt others.
OBJECTIVE Mental Status Evaluation: APPEARANCE: <input type="checkbox"/> Well Groomed <input type="checkbox"/> Little care <input checked="" type="checkbox"/> Appropriate L.O.C.: <input checked="" type="checkbox"/> Alert and awake <input type="checkbox"/> Drowsy <input type="checkbox"/> Stupor <input type="checkbox"/> Coma EYE CONTACT: <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> None ATTITUDE: <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Guarded <input type="checkbox"/> Non-disclosing <input type="checkbox"/> Hostile/Belligerent <input type="checkbox"/> Uncooperative BEHAVIOR: <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Apprehensive <input type="checkbox"/> Agitated <input type="checkbox"/> Motor Retardation <input type="checkbox"/> Tearful <input type="checkbox"/> Withdrawn Speech: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slurred <input type="checkbox"/> Slow <input type="checkbox"/> Pressured <input type="checkbox"/> Quiet <input type="checkbox"/> Rapid <input type="checkbox"/> Selectively Mute <input type="checkbox"/> Aphasic Conversation: <input checked="" type="checkbox"/> Spontaneous <input type="checkbox"/> Only in response to questions <input type="checkbox"/> Relevant <input type="checkbox"/> Irrelevant ORIENTED TO: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Place <input checked="" type="checkbox"/> Month <input checked="" type="checkbox"/> Year <input checked="" type="checkbox"/> Situations <input type="checkbox"/> None MEMORY: Immediate intact <input type="checkbox"/> Yes <input type="checkbox"/> No Recent intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Remote intact: <input type="checkbox"/> Yes <input type="checkbox"/> No PERCEPTUAL SYMPTOMS: <input type="checkbox"/> Normal <input type="checkbox"/> Hallucinations <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Olfactory Explain: _____ DEPRESSIVE SYMPTOMS INCLUDING: Sleep Disturbance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Eating Disturbance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Crying Spells <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Feelings of Helplessness <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Feelings of Hopelessness <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No SUICIDE THINKING: <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Passive <input type="checkbox"/> Active <input type="checkbox"/> Plan thoughts of death but no SI or plan to hurt self Would you ask for help if you felt like hurting yourself? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No HOMICIDE THINKING: <input type="checkbox"/> Denied <input type="checkbox"/> Passive <input checked="" type="checkbox"/> Active <input type="checkbox"/> Plan <input checked="" type="checkbox"/> Intent AFFECT: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Labile <input type="checkbox"/> Expansive <input type="checkbox"/> Constricted <input type="checkbox"/> Blunted <input type="checkbox"/> Angry MOOD: <input type="checkbox"/> Stable <input type="checkbox"/> Depressed <input checked="" type="checkbox"/> Anxious <input checked="" type="checkbox"/> Irritable <input type="checkbox"/> Elevated <input type="checkbox"/> Apathetic <input type="checkbox"/> Congruent <input type="checkbox"/> Incongruent THOUGHT PROCESSES: <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Concrete <input type="checkbox"/> Abstract <input type="checkbox"/> Thought Blocking <input type="checkbox"/> Circumstantial <input type="checkbox"/> Disorganized <input type="checkbox"/> Loose Association <input type="checkbox"/> Tangential <input type="checkbox"/> Flight of ideas <input type="checkbox"/> Slow, hesitant THOUGHT CONTENT: <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Grandiose <input type="checkbox"/> Obsessions <input type="checkbox"/> Compulsions <input type="checkbox"/> Paranoia <input type="checkbox"/> Delusions <input type="checkbox"/> Impoverished IMPULSE CONTROL: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor JUDGEMENT: <input type="checkbox"/> Intact <input checked="" type="checkbox"/> Impaired <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Severe INSIGHT: <input type="checkbox"/> Good understanding <input type="checkbox"/> Adequate <input type="checkbox"/> Partial recognition <input checked="" type="checkbox"/> Poor MOTIVATION FOR TREATMENT: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	
OBJECTIVE (Narrative Notes): (Use Form 239B for additional notes.)	
DIAGNOSIS(ES) Including Codes MDD	GAF: 20 DSM IV CODE(S) 296.32
MEDICATIONS: List current medications being taken and dosage: 2000ft 100 mg q AM; Vesfaryl 100 mg qtl s	
PLAN: <input type="checkbox"/> Cleared to Mainline with Psych follow-up <input type="checkbox"/> Psych Housing <input type="checkbox"/> PSU Admission <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary WIC 5150 <input type="checkbox"/> Cleared to Mainline without Psych follow-up <input type="checkbox"/> Cleared to Sheriff Department (B&R) <input type="checkbox"/> Cleared to classification <input type="checkbox"/> Contracted for Safety <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Continue to observe <input type="checkbox"/> Obtain UBH History MEDICATIONS: <input type="checkbox"/> Continue after verified per Policy <input type="checkbox"/> Expected benefit, risks, side effects, alternatives discussed <input type="checkbox"/> Schedule follow up appointment in Psych OP clinic <input type="checkbox"/> 2-3 Days <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> Other <input type="checkbox"/> Refer to Social Worker <input type="checkbox"/> Refer to RN to assess for ETOH/substance withdrawal <input type="checkbox"/> Refer to RN to verify meds and dosage <input type="checkbox"/> Refer to MD sick call	
Psychiatrist/Psychologist Signature: Gregory P. [Signature]	Date and Time 8/25/06



10/7/55

The record was prepared by the personnel of the San Diego County Sheriff's Department Medical Services Division, staff physicians, or persons acting under the control of either, in the ordinary course of Medical Services Division business at or near the time of the act, condition or event.

Court Date(s) (If Known) UBH <input type="checkbox"/> Yes <input type="checkbox"/> No		Charges/Legal:	
SUBJECTIVE/Patient Report or 3 rd Party Statements <i>REPORTS SUSPECTED FOR LEGAL CIRCUMSTANCES CONCERN ABOUT GOING TO PRISON</i>			
Previous Psychiatric Care: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain <i>see chart</i>			
Drug/Alcohol Abuse History: Illicit Drug Use: <input type="checkbox"/> Yes <input type="checkbox"/> No Last Use - Frequency and Type <i>see chart</i> Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> No Last Drink - Frequency and Type <i>see chart</i>			
OBJECTIVE Mental Status Evaluation: APPEARANCE: <input type="checkbox"/> Well Groomed <input type="checkbox"/> Little care <input checked="" type="checkbox"/> Appropriate L.O.C.: <input checked="" type="checkbox"/> Alert and awake <input type="checkbox"/> Drowsy <input type="checkbox"/> Stupor <input type="checkbox"/> Coma EYE CONTACT: <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> None ATTITUDE: <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Guarded <input type="checkbox"/> Non-disclosing <input type="checkbox"/> Hostile/Belligerent <input type="checkbox"/> Uncooperative BEHAVIOR: <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Apprehensive <input type="checkbox"/> Agitated <input type="checkbox"/> Motor Retardation <input type="checkbox"/> Tearful <input type="checkbox"/> Withdrawn Speech: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slurred <input type="checkbox"/> Slow <input type="checkbox"/> Pressured <input type="checkbox"/> Quiet <input type="checkbox"/> Rapid <input type="checkbox"/> Selectively Mute <input type="checkbox"/> Aphasic Conversation: <input checked="" type="checkbox"/> Spontaneous <input type="checkbox"/> Only in response to questions <input type="checkbox"/> Relevant <input type="checkbox"/> Irrelevant ORIENTED TO: <input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Month <input checked="" type="checkbox"/> Year <input type="checkbox"/> Situations <input type="checkbox"/> None MEMORY: Immediate intact <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Recent intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Remote intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PERCEPTUAL SYMPTOMS: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Hallucinations <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Olfactory Explain: <i>see chart</i> DEPRESSIVE SYMPTOMS INCLUDING: Sleep Disturbance <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Eating Disturbance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Crying Spells <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Feelings of Helplessness <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Feelings of Hopelessness <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No SUICIDE THINKING: <input checked="" type="checkbox"/> Denied <input type="checkbox"/> Passive <input type="checkbox"/> Active <input type="checkbox"/> Plan Prior Suicide Attempts/Gestures: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How/When: <i>see chart</i> Would you ask for help if you felt like hurting yourself? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No HOMICIDE THINKING: <input checked="" type="checkbox"/> Denied <input type="checkbox"/> Passive <input type="checkbox"/> Active <input type="checkbox"/> Plan <input type="checkbox"/> Intent AFFECT: <input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Labile <input type="checkbox"/> Expansive <input checked="" type="checkbox"/> Constricted <input type="checkbox"/> Blunted <input type="checkbox"/> Angry MOOD: <input type="checkbox"/> Stable <input type="checkbox"/> Depressed <input type="checkbox"/> Anxious <input type="checkbox"/> Irritable <input type="checkbox"/> Elevated <input type="checkbox"/> Apathetic <input checked="" type="checkbox"/> Congruent <input type="checkbox"/> Incongruent THOUGHT PROCESSES: <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Concrete <input type="checkbox"/> Abstract <input type="checkbox"/> Thought Blocking <input type="checkbox"/> Circumstantial <input type="checkbox"/> Disorganized <input type="checkbox"/> Loose Association <input type="checkbox"/> Tangential <input type="checkbox"/> Flight of ideas <input type="checkbox"/> Slow, hesitant THOUGHT CONTENT: <input type="checkbox"/> Appropriate to situation <input type="checkbox"/> Grandiose <input type="checkbox"/> Obsessions <input type="checkbox"/> Compulsions <input type="checkbox"/> Paranoia <input type="checkbox"/> Delusions <input type="checkbox"/> Impoverished IMPULSE CONTROL: <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor JUDGEMENT: <input type="checkbox"/> Intact <input type="checkbox"/> Impaired <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe INSIGHT: <input type="checkbox"/> Good understanding <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> Partial recognition <input type="checkbox"/> Poor <input type="checkbox"/> Denied MOTIVATION FOR TREATMENT: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor			
Patient Compliant with Medication <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Side Effects of Medication <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes (List) <i>see chart</i>	
Treatment Response <input type="checkbox"/> None <input type="checkbox"/> Minimal <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent			
PLAN: New medication <i>ADAPTATION/ADAPTATION</i>		Medication(s) Prescribed: (Include dose and frequency) <i>ROLEFT 50mg q AM</i> <i>ADAPTATION/ADAPTATION</i>	
<input checked="" type="checkbox"/> Expected benefit, risks, side effects, alternatives discussed <input checked="" type="checkbox"/> Given written information regarding medications. <input checked="" type="checkbox"/> Informed consent signed		<input type="checkbox"/> No prescribed medication <input type="checkbox"/> Admit to PSU/WPSU <input type="checkbox"/> Cleared to <input checked="" type="checkbox"/> Schedule follow up appointment in Psychiatric OP clinic <input type="checkbox"/> Severe (STAT < 24 hrs) <input type="checkbox"/> Urgent (1-3 days) <input type="checkbox"/> Non-urgent (1 or 2 weeks) circle one <input type="checkbox"/> Greater than 2 weeks (indicate weeks) <i>R to 4 weeks</i>	
Clinician's Signature: <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Det. Lic. M. H. Clinician		Title: <i>Shirley P. [Signature]</i>	
DIAGNOSIS (ES) (For Physician's use only, including codes) <i>311.01-301.80</i>		Date and Time: <i>8/26/06 1555</i>	
		DSM IV CODE (S)	



6704525

10-7255

SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Type: Social Svcs Sc

Reason: Treatment

Date: 03-22-2006 1409

Resource: Tapia, Gilbert Sh9503***

Cost: \$0.00

Notes: COLLATERAL

Objective

Orders

Encounter Notes

Entry Date: 03-22-2006 1409

Entered By: GTAPIASH, TAPIA

COLLATTERAL: I/P Spoke with Masako of New Vistas re: I/P's request for records showing the start and end dates of I/P's residential treatment during the year. Masako said that she would fax what they have after receiving a fax of the release order from the I/P. Fax: 619-239-3045. Fax complete 3/22/06

Med Alerts

The record was prepared by the personnel of the San Diego County Sheriff's Department Medical Services Division, staff physicians, or persons acting under the control of either, in the ordinary course of Medical Services Division business at or near the time of the act, condition or event.

SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Type: Rnsc

Reason: Treatment

Date: 03-22-2006 1201

Resource: Tapia, Gilbert Sh9503***

Cost: \$0.00

Notes: INDIVIDUAL: I/P has requested this writer contact New Vistas Crisis house for the dates of his treatment to verify that he did not wilfully fail to appear in Court. Also said that his atty. of record Ken Kaminski

Objective

Orders

Med Alerts

San Diego County Sheriff's Department Medical Records Unit
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SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Type: Rnsc

Reason: Safety Cell

Date: 05-14-2007 1152

Resource:

Cost: \$0.00

Notes: safety cell placement

Subjective

Entry Date: 05-14-2007 1152

Entered By: MSINGKSH, SINGKEE

" I want to kill myself by hanging with a sheet" from outside triage.

Objective

Vitals

Vitals Dt/Tm: 05-14-2007 1154 Temp (°F): 97.2 Pulse: 63 Respiration: 18

Blood Pressure: 137/86 Wgt: Hgt: 5'9 " Provider: SINGKEE, MADTAHA

SNP:

Notes:

Instructions

PSYCH MAINLINE

COMPLETE

PSYCH HOLD

COMPLETE

Orders

Encounter Notes

Entry Date: 05-16-2007 1031

Entered By: EPUSUNSH, PUSUNG

Cleared from the safety cell to psych ML with f/u in 1-2 days. Med and psych screening completed.
 ROI from "Dr. Donna Mills, Areta Crowell" signed and forwarded to MRU.

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SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Type: Rnsc

Reason: Transfer

Date: 08-23-2006 2350

Resource:

Cost: \$0.00

Notes: Administrative transfer to GBDF.

Objective

Orders

Encounter Notes

Entry Date: 08-24-2006 2033

Entered By: PCORRASH, CORRALES

Transferred from SDCJ with current electronic MAR / scheduled Psych s/c. on next avail. s/c.

Entry Date: 08-23-2006 2350

Entered By: MVIVIESH, VIVIER

Pls note psych f/u.

Med Alerts

San Diego County Sheriff's Department Medical Records Unit
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SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Type: Rnsc

Reason: Safety Cell

Date: 08-24-2006 1412

Resource: Tolentino, Liberty Sh3970

Cost: \$0.00

Notes: safety cell

Subjective

Entry Date: 08-24-2006 1412

Entered By: LTOLENSH, TOLENTINO

"I want to hurt myself or somebody."

Objective

Vitals

Vitals Dt/Tm: 08-24-2006 1413 Temp (°F): 98.1 Pulse: 80 Respiration: 20

Blood Pressure: 131/86 Wgt: Hgt: 5'9" Provider: TOLENTINO, LIBERTY

SNP:

Notes:

Vitals Dt/Tm: 08-26-2006 1533 Temp (°F): .0 Pulse: 84 Respiration: 20

Blood Pressure: 125/68 Wgt: Hgt: 5'9" Provider: ALOTA, ZENAIDA

SNP:

Notes:

Orders

Encounter Notes

Entry Date: 08-26-2006 1058

Entered By: LPOYUZSH, POYUZINA

Late entry - 0900 Seen by Psych and cleared from safety cell.

Out of safety cell @0941

The record was prepared by the personnel of the San Diego County Sheriff's Department Medical Records Unit control of either, in the ordinary course of Medical Services Division business at or near the time of the act, condition or event.

SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Medications

Type: F Medication: MOTRIN (GEN.) 600MG TABLET Rx #: 400337594
Status: DISCONTINUED Strength: 600 MG Rte: PO Freq: STAT
Start Dt/Tm: 09-16-2006 1208 End Dt/Tm: 09-16-2006 1347
SNP: Provider: GOLDSTEIN, EARL
Notes:

Encounter Notes

Entry Date: 09-16-2006 1215 Entered By: LKARRASH, KARRAM

Addendum: Requesting to see Psych, denies SI/HI, calm, answered questions appropriately with good eye contact. Has pending Psych Sc on 09-24-06. Advised any changes in condition notify medical. Verbalized understanding.

Entry Date: 09-16-2006 1209 Entered By: LKARRASH, KARRAM

Seen in RNSC with c/o HA and requesting to see Psych. Alert & oriented x 3. Respiration even and unlabored. Claims headache started on March, when he got hit on the head as claimed. PERRLA. Advised if sx persists notify medical. Verbalized understanding. MDSC in Am.

Med Alerts

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SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Type: Rnsc

Reason: Exam

Date: 10-18-2006 0054

Resource: Tumulad, Leonida Sh9840

Cost: \$0.00

Notes: "Head injuries/headache/internal gastro intestinal""10/26-same req/meds""10/28-same req/jock itch"

Objective

Orders

Encounter Notes

Entry Date: 11-07-2006 1152

Entered By: LTUMALSH, TUMALAD

I/P requesting for his medications to be renewed, also requesting to know more information about his MRI, I/P will not divulge any information about his medical complaints and condition, will sched for MDSC as per his request.

Med Alerts

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SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Type: Mdsc

Reason: 01- Follow-up

Date: 09-27-2006 0846

Resource: Gill, John Ppmd

Cost:

Notes: recheck headache 10/14 LDS 9/27/06; R/S fr. 10/19 d/t overflow.R/S from 10/22/06 due to refusal.

Objective

Vitals

Vitals Dt/Tm: 10-25-2006 1012 Temp (°F): 97.3 Pulse: 61 Respiration:

Blood Pressure: 170/86 Wgt: 179 Hgt: 5'9" Provider: KARRAM, LULU

SNP:

Notes:

Orders

Medications

Type: F Medication: ZANTAC (GEN.) 150MG TABLET

Rx #: 400410224

Status: RENEWED

Strength: 150 MG

Rte: PO

Freq: BID

Start Dt/Tm: 10-25-2006 1018 End Dt/Tm: 11-24-2006 1017

SNP:

Provider: GILL, JOHN

Notes:

Type: F Medication: ZANTAC (GEN.) 150MG TABLET

Rx #: 400410224

Status: DISCONTINUED

Strength: 150 MG

Rte: PO

Freq: BID

Start Dt/Tm: 11-21-2006 1335 End Dt/Tm: 01-20-2007 0000

SNP:

Provider: ADAMS, JAMES

Notes:

Encounter Notes

Entry Date: 10-25-2006 1039

Entered By: ZALOTASH, ALOTA

Referral with UCSD Radiology Clinic for f/u Head CT s/p head Injury was faxed to Sheri Giddings, UCSD Custody program Manager for approval.

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SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Encounter Notes

Entry Date: 10-25-2006 1011

Entered By: JGILLXSH, GILL

S- recheck headache, injury 3/06 during arrest with LOC, sleep disturbances, never seen at hospital.
Now c/o head injury. Denies med dis. 1ppd. Cocaine, no Etoh.
O- EOMI, PERLA, TM-clear, abdomen soft with epigastric tenderness, active BS, anxious
A- gastritis, head injury with headaches
P- head CT, Zantac

Entry Date: 10-22-2006 1618

Entered By: NVILLASH, VILLARTA

Not seen due to security reason, rescheduled.

Entry Date: 10-14-2006 1746

Entered By: LKARRASH, KARRAM

R/s'd as per provider request.

Med Alerts

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SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Encounter Notes

Entry Date: 11-11-2006 1032

Entered By: SBUCHENS, BUCHERT

psych s/c- admits having nightmares all the time and remebers them otherwise doing well, ard 12/21

plan

1) increase trazadone to 100mgpoqhs

2) renew zoloft 100 mgttpoqam

30 RTC 4 WEEKS

Med Alerts

San Diego County Sheriff's Department Medical Records Unit
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DATE & TIME	COMPLAINT/TREATMENT RECEIVED	BY WHOM
3/11/06	QMD PN	MD RN LVN
1130	SI pt clo "bad dreams, nightmares" of	MD RN LVN
	"would've, could've, should've" but Vayne	MD RN LVN
	W/ treatment & details. pt's main clo is	MD RN LVN
	shoulder pn p "the police choked & beat me	MD RN LVN
	up; angry bc of police's behavior,	MD RN LVN
	claims still a "suicidal" bc "ain't	MD RN LVN
	worth living if I'm treated like that	MD RN LVN
	(beating)." clo "nobody cares"	MD RN LVN
	do "voices" telling him he was a "coward,	MD RN LVN
	pride "for letting police beat him up	MD RN LVN
	MSE	MD RN LVN
	app - AODS, NAD	MD RN LVN
	char - fair size contact, tends to avoid eye	MD RN LVN
	contact when disc SI, AH; Vayne W details	MD RN LVN
	att - some some "p" some aggressiveness when	MD RN LVN
	pushed for details	MD RN LVN
	sp muc	MD RN LVN
	mood angry	MD RN LVN
	alt const	MD RN LVN
	TC (DS 1H1M)	MD RN LVN
	TP 103 GO	MD RN LVN
		MD RN LVN
		MD RN LVN
		MD RN LVN
		MD RN LVN
		MD RN LVN
		MD RN LVN
		MD RN LVN

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San Diego County Sheriff's Department Medical Records Unit

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
MEDICAL SERVICES DIVISION

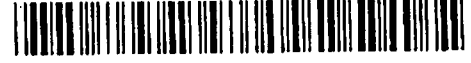
PROGRESS NOTES

Page 1 of 1

☐ DDF ☐ GBDF/EMDF ☐ LCDF ☐ SBDF ☐ SDCJ ☐ VDF

Patient's Name: DAUGHTERY, WILLIAM

D.O.B: 10/7/1955



SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Encounter Notes

Entry Date: 11-26-2006 1442

Entered By: MBJELINS, BJELICA

Pt is a 51 y/o man with PMH of headaches for several years, negative recent brain CT, comes to clinic asking about migraine treatment. He states that gets headaches ~2 times per month. The symptoms he described when he has headaches sound like migraine headaches. Asymptomatic.

AOx3, comfortable. Vitals noted. NI gait. No neurological deficits noted.

Plan: Stop Motrin and Naprosyn

Start Imitrex 50 mg PRN.

Med Alerts

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Court Date(s) (If Known) UBH <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Charges/Legal: <u>Sales & possession</u>
SUBJECTIVE/Patient Report or 3 rd Party Statements <u>admits having nightmares & remembers them, admits new onset nightmares</u>	
Previous Psychiatric Care: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain <u>See initial</u>	
Drug/Alcohol Abuse History: Illicit Drug Use: <input type="checkbox"/> Yes <input type="checkbox"/> No Last Use - Frequency and Type Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> No Last Drink - Frequency and Type	
OBJECTIVE Mental Status Evaluation: APPEARANCE: <input type="checkbox"/> Well Groomed <input type="checkbox"/> Little care <input checked="" type="checkbox"/> Appropriate L.O.C.: <input checked="" type="checkbox"/> Alert and awake <input type="checkbox"/> Drowsy <input type="checkbox"/> Stupor <input type="checkbox"/> Coma EYE CONTACT: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> None ATTITUDE: <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Guarded <input type="checkbox"/> Non-disclosing <input type="checkbox"/> Hostile/Belligerent <input type="checkbox"/> Uncooperative BEHAVIOR: <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Apprehensive <input type="checkbox"/> Agitated <input type="checkbox"/> Motor Retardation <input type="checkbox"/> Tearful <input type="checkbox"/> Withdrawn Speech: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slurred <input type="checkbox"/> Slow <input type="checkbox"/> Pressured <input type="checkbox"/> Quiet <input type="checkbox"/> Rapid <input type="checkbox"/> Selectively Mute <input type="checkbox"/> Aphasic Conversation: <input checked="" type="checkbox"/> Spontaneous <input type="checkbox"/> Only in response to questions <input type="checkbox"/> Relevant <input type="checkbox"/> Irrelevant ORIENTED TO: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Situations <input type="checkbox"/> None MEMORY: Immediate intact <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Recent intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Remote intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PERCEPTUAL SYMPTOMS: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Hallucinations <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Olfactory Explain: DEPRESSIVE SYMPTOMS INCLUDING: Sleep Disturbance <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Eating Disturbance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Crying Spells <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Feelings of Helplessness <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Feelings of Hopelessness <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No SUICIDE THINKING: <input checked="" type="checkbox"/> Denied <input type="checkbox"/> Passive <input type="checkbox"/> Active <input type="checkbox"/> Plan Prior Suicide Attempts/Gestures: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How/When: Would you ask for help if you felt like hurting yourself? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No HOMICIDE THINKING: <input checked="" type="checkbox"/> Denied <input type="checkbox"/> Passive <input type="checkbox"/> Active <input type="checkbox"/> Plan <input type="checkbox"/> Intent AFFECT: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Labile <input type="checkbox"/> Expansive <input checked="" type="checkbox"/> Constricted <input type="checkbox"/> Blunted <input type="checkbox"/> Angry MOOD: <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Depressed <input type="checkbox"/> Anxious <input type="checkbox"/> Irritable <input type="checkbox"/> Elevated <input type="checkbox"/> Apathetic <input type="checkbox"/> Congruent <input type="checkbox"/> Incongruent THOUGHT PROCESSES: <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Concrete <input type="checkbox"/> Abstract <input type="checkbox"/> Thought Blocking <input type="checkbox"/> Circumstantial <input type="checkbox"/> Disorganized <input type="checkbox"/> Loose Association <input type="checkbox"/> Tangential <input type="checkbox"/> Flight of ideas <input type="checkbox"/> Slow, hesitant THOUGHT CONTENT: <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Grandiose <input type="checkbox"/> Obsessions <input type="checkbox"/> Compulsions <input type="checkbox"/> Paranoia <input type="checkbox"/> Delusions <input type="checkbox"/> Impoverished IMPULSE CONTROL: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor JUDGEMENT: <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Impaired <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe INSIGHT: <input checked="" type="checkbox"/> Good understanding <input type="checkbox"/> Adequate <input type="checkbox"/> Partial recognition <input type="checkbox"/> Poor <input type="checkbox"/> Denied MOTIVATION FOR TREATMENT: <input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Patient Compliant with Medication <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Side Effects of Medication <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes (List) Treatment Response <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Good <input type="checkbox"/> Excellent	
PLAN: New medication <u>10mg OHS</u> <input type="checkbox"/> Expected benefit, risks, side effects, alternatives discussed <input type="checkbox"/> Given written information regarding medications <input type="checkbox"/> Informed consent signed	<input type="checkbox"/> Medication(s) Prescribed: (Include dose and frequency) <u>Renew Zoloft 120mg</u> <input type="checkbox"/> No prescribed medication <input type="checkbox"/> Admit to PSU/WPSU <input type="checkbox"/> Cleared to <input type="checkbox"/> Schedule follow up appointment in Psychiatric OP clinic <input type="checkbox"/> Severe (STAT < 24 hrs) <input type="checkbox"/> Urgent (1-3 days) <input type="checkbox"/> Non-urgent (1 or 2 weeks) circle one <u>4</u> <input type="checkbox"/> Greater than 2 weeks (indicate weeks)
Clinician's Signature: <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Det. Lic. M. H. Clinician <u>Beuchert Ms</u>	Title: <u>Beuchert Ms</u> Date and Time: <u>11/11/06</u> DSM IV CODE (S) <u>304.2, 296.31, 296.32</u>

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
 MEDICAL SERVICES DIVISION
 PSYCHIATRIC OUTPATIENT EVALUATION FORM
 Page 1 of 1

☐ DDF ☒ QBDF/EMDF ☐ LCDF ☐ SBDF ☐ SDCJ ☐ VDF
 Patient's Name: William Daughley
 D.O.B.: 10/7/55



Form J275 Rev 1/04

6704525

Booking Number

11-11-06

Date (MM-DD-YY)

San Diego County Sheriff's Department Medical Records Unit

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SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Encounter Notes

Entry Date: 09-27-2006 0943

Entered By: ZALOTASH, ALOTA

Seen by Dr. Gill in MDSC, orders and f/u noted. Naprosyn 500mg given PO.

Entry Date: 09-27-2006 0836

Entered By: JGILLXSH, GILL

S- 6 mos Eval Headache, states he was beaten by a flashlight during his arrest 6 mos. Begins in neck and radiates to temples, no vomiting, aura

O- EOMI, PERLA, Fundi benign, TM throat clear, neck supple but tense a C1-2, A&O x 3

A- muscle tension HA

P- naprosen

O-

Med Alerts

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San Diego County Sheriff's Department Medical Records Unit

INMATE/PATIENT MEDICAL CARE REQUEST - Detention Facility Information

Patient Name: Daugherty, William
 DOB: 10-07-55 ☒ Male ☐ Female
 Booking No: 6704525
 SSN: 451-01-8591
 Hospital Medical Record No. _____
 Insurance: _____
 Primary Language if Other than English: _____

SENDING DETENTION FACILITY:

☐ SDCJ Phone: 619 615 2454 Fax: 619 615 2450
☒ GBDF/EMDF Phone: 619 661 2789 Fax: 619 661 2797
☐ LCDF Phone: 619 258 3200 Fax: 619 258 3222
☐ VDF Phone: 760 940 4492 Fax: 760 940 4533
☐ DDF Phone: 619 659 5540 Fax: 619 659 5549
☐ SBDF Phone: 619 691 4746 Fax: 619 691 4449

MODE OF TRANSPORTATION:

☐ Deputy Car ☐ Ambulance/EMT ☐ 911
☐ Security Level: 3

Court Date: 11/14/08

Calculated Release Date: _____

Special Instructions: _____

DO NOT GIVE INMATE ANY DATES FOR FOLLOW UP VISITS

REFERRAL TO: ☐ UCSD Clinic (specify): Radiology ☐ UCSD ED
 NON-UCSD SPECIALTY CLINIC: ☐ Oral Surgery ☐ Optometry ☐ Other (Clinic or ED): Radiology

Known Diagnosis(es): Head Injury & Headaches, etc ☒ NKA Allergies: _____

Medication(s): Zentel, Metformin, Vitamin, Zolof, Doxepin, etc

REFERRAL REASON: (Clinical Condition and Medical Justification for Off-Site Evaluation) Specify criteria of urgent medical necessity.

Requests for specialty referrals are usually accommodated within a 4-week time frame. If referral is for less than the standard 4-week time frame, call (619) 471-9060.

Needs Head CT non contrast

FAXED ATTACHMENTS: ☐ Progress Notes ☐ MAR ☐ Lab/X-ray ☐ EKG ☐ Other: _____
 For further information call the Charge Nurse

Referral Provider Signature: _____

Today's Date: 10/25/06

Nurse Signature: _____

Today's Date: 10/25/06Print Name: John Gill

PID: _____

Print Name: TERESA ALOPARJIS: ARJIS

CONTRACT OFFICE USE: The contractor, or his representative, will receive this Request for Referral via facsimile, follow up appointment and coordinate with the Sheriff's Department Detentions Medical Facility.

APPOINTMENT DATE & TIME: _____

LOCATION OF APPOINTMENT: ☐ Oral Surgery: _____ ☐ Optometry: _____☐ UCSD Hillcrest☐ OPC ☐ ACC☐ La Jolla: ☐ Perlman☐ Thornton☐ Moores Cancer Ctr☐ Other UCSD Clinic: _____☐ Other Hospital/Clinic: _____

Estimated time frame for scheduled clinic/procedure/surgery: _____

Instructions: _____

☐ Approved ☐ Modified ☐ Denied ☐ Deferral ☐ Pending for additional information

Comments: _____

Sheriff Custody Program Manager Signature: _____

Date: _____

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
 MEDICAL SERVICES DIVISION
 REQUEST FOR REFERRAL

Page 1 of 1

☐ DDF ☐ GBDF/EMDF ☐ LCDF ☐ SBDF ☐ SDCJ ☐ VDF

Patient's Name: Daugherty, WilliamD.O.B.: 10-07-55

Form J232A Rev 10/06

6704525

Booking Number

10-07-55

Date (MM-DD-YY)

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San Diego County Sheriff's Department Medical Records Unit

SAN DIEGO SHERIFFS DEPARTMENT

Medical Chart

Encounter Detail

Type: Clinic

Reason: 02- Referral

Date: 11-08-2006 1335

Resource:

Cost:

Notes: UCSD/Radiology CT scan
12:15
1.5 hours
level 3

Objective

Orders

Encounter Notes

Entry Date: 11-13-2006 2044

Entered By: FMONTESH, MONTENEGRO

Seen @UCSD /radiology, DHS recieved , CT Scan done, reports to follow.

Entry Date: 11-08-2006 1336

Entered By: JTERCZNS, TERCZYNKI

Referral completed. Scheudled with UCSD/Radiology CT scan 11/13/06 @ 12:15 for 1.5 hours. Level
3. Referral faxed to facility.

Med Alerts

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Continued From: ARR/JUV. CON.		San Diego Regional Officer's Report Narrative		Incident Number 06030020171	
Page 2 of 3				Case Number	
Code Section And Description (one incident only) HS / 11352(A) / TRANSPORT/SELL NARCOTIC/CONTROLLED SUBSTANCE			Date 03/09/2006	Day of Week THU	Time 20:05
Location Of Incident (Or Address) 1400 J St.			City SAN DIEGO	District	Beat 521
Person(s) Involved: Victim					
Suspect (If Named) Daughtery, William					
Property Tag No.(s)					

chewing due to the motion and sounds he was making with his mouth. I believed he was attempting to chew and swallow the narcotics he was transporting. I gave Daughtery several commands to spit what he had in his mouth out and to pull out his hands from underneath him. Daughtery did not comply with either command. The position of my left arm was now underneath his jaw as I laid on my left side in an angle over the right side of his back. I maintained the position of my left arm in case Daughtery exposed some form of a weapon. I would then be able to implement a carotid restraint. While I maintained control of Daughtery during the entire incident, I did not notice nor did he indicate any signs of losing consciousness. Daughtery was still moving his body, his eyes were open, and he was breathing heavily.

Officer Tagaban, ID# 5794, arrived and assisted in the arrest. She applied force and distraction techniques in order to gain compliance from Daughtery. Officer Tagaban also told Daughtery several times to remove his hands out from underneath him. See her report for details.

After several attempts, Daughtery complied by bringing his right hand out from underneath him. I pulled the arm out further and held with my right knee until I was able to change my position and take him into custody. Officer Tagaban was able to get his left hand out as well at about the same time. Detective Peterson arrived to assist us into taking Daughtery into custody. As we handcuffed Daughtery, I saw him spit out a chewed up clear plastic bindle containing a white substance. It was approximately 4" - 6" away from his mouth. I also saw him clenching his right hand as we brought it back to handcuff him. Officer Tagaban assisted in handcuffing Daughtery and pried his hand open. Inside his hand was the pre-recorded money used in the operation.

When Daughtery spat out the bindle containing the substance he continued spitting as if he was clearing his mouth out. I also recovered the substance that Daughtery spat out onto the ground.

Detective Lemus returned to the area immediately and positively identified Daughtery as the subject who sold him the controlled substance.

It was not until Daughtery was brought to the County Jail admitting nurse that he complained of having pain. Daughtery claimed Officer Tagaban injured his left shoulder during the arrest. As the jail nurse inspected his shoulder I did not see signs of swelling or bruising. Daughtery had full motion of his shoulder and was able to remove his jacket and shirt using quick motions, manipulating his left shoulder around. Daughtery did not indicate of having any pain or discomfort while doing this. The nurse touched around the area several times before Daughtery complained of pain to that spot. In the area Daughtery indicated there was no bruising or swelling. Daughtery also said he was "suicidal and homicidal due to the emotional distress" he was put through. The nurse rejected Daughtery's admittance into jail and requested for him to be cleared through County Mental Health (C.M.H.) in order for him to be admitted.

Reporting Officer D. Wilson	ID # 5646	Division C2	Approved By	Date of Report 03/10/2006	Time 20:45
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Continued From: ARR/JUV. CON.		San Diego Regional Officer's Report Narrative		Incident Number 06030020171	
Page 3 of 3				Case Number	
Code Section And Description (one incident only) HS / 11352(A) / TRANSPORT/SELL NARCOTIC/CONTROLLED SUBSTANCE			Date 03/09/2006	Day of Week THU	Time 20:05
Location Of Incident (Or Address) 1400 J St.			City SAN DIEGO	District	Beat 521
Person(s) Involved: Victim					
Suspect (If Named) Daughtery, William					
Property Tag No.(s)					

While at C.M.H. Daughtery spoke to Dr. Ramsey. Daughtery denied being suicidal and just requested to be medicated. Once cleared from C.M.H. Officer Tagaban and I brought Daughtery back to jail. Daughtery became irate, cussing at the admitting nurse once he realized he was not receiving any medication. Daughtery told the nurse he was still suicidal since was not getting any medication. The nurse rejected Daughtery due to not enough "safety cells" at the jail facility. The County Jail Watch Commander advised us to book Daughtery into the County Jail in Vista. Officer Tagaban and I transported Daughtery up to Vista to book him into County Jail. While Daughtery spoke to the admitting nurse at the Vista jail, he indicated the same injuries to his left shoulder. The nurse inspected the shoulder and I again did not see any swelling or bruising. Daughtery was able to remove his jacket and shirt without indicating any pain or discomfort pretty much in the same manner as he did before. When he placed his shirt and Jacket back on though, he showed he was in slight discomfort but was able to do it. Daughtery was booked into jail without further incident.

I recovered the following items as evidence from Daughtery incident to his arrest.

- 1) A plastic bindle containing a white substance that he spat out from his mouth.
- 2) The pre recorded money used in the operation that was clenched in right hand.

Detective Lemus took custody of the items from me at the Central Substation.

REPORTING OFFICER: D. Wilson #5646
DATE: 03-10-06 TIME: 1830 HOURS

CENTRAL DIVISION NARCOTICS 619-744-9548
APPROVED BY: Sgt.WTGriffin; 4210

Reporting Officer D. Wilson	ID # 5646	Division C2	Approved By Sgt. W. Griffin	Date of Report 03/10/2006	Time 20:45
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San Diego County Sheriff's Office
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